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Counter-scripting the Body in Pain
An Artistic Interrogation into Pain as Practice, Site, and Subversive Force

Johanna Willenfelt
MA Fine Art

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Abstract

Counter-scripting the Body in Pain, An Artistic Interrogation into Pain as Practice, Site, and Subversive Force conceptualises and enacts forms of resistance to the human tendency to negate pain, drawing on methods and sensibilities specific to artistic knowledge and practice. Through a series of text-based artworks, this project offers alternative modes for probing, perceiving, and understanding chronic pain, challenging dominant socio-cultural attitudes that regard pain as something to avoid or resist. The tripartite series: *May and the Potentiality of Pain* (2014-2015); *It's Always Three O'clock in the Morning* (2016); and *Gibraltar, A Walk with Disturbance* (2017) are at the centre of an exploration into the motifs *pain as practice, site, and subversive force*. The artworks were created in tandem with an ethical strategy for art pursued through an experimental art-writing strategy I have labelled *counter-scripting*. Elaborating and engineering affect through performance, the *art texts* of the three artworks challenge dominant individual and cultural tendencies to explain, suppress, and ultimately annihilate pain.

Looking at the body in long-term pain, it becomes particularly important to regard physical and mental processes as coextensive, intertwined attributes instead of relying solely on linguistic acts to address and understand our sensory and corporeal experiences.

Contemporary arts practice has proven particularly effective in mediating embodied experience and knowledge, through its ability to extend beyond the conventional uses of accepted representational motifs to address inter-embodied life.

Considering *relations of pain* as its material, this study directs attention to the significance of contemporary arts practice for reconceptualising common perceptions of the presumed meaninglessness of chronic pain. A change of perspective of long-term pain must be adopted, the study insists, not only by those who themselves suffer but also by societies within which all embodied beings are immersed and whose reality said beings share.

Keywords

pain, chronic pain, the body in pain, suffering, affect, artistic research, contemporary art, performance art, art writing, art text, speculative fiction, counter-scripting, biopsychic mapping, text-becomings, sharing pain, pain relations, ethical practice, pain-as-site, pain as subversive force, vital passivity, intensity, difference, becoming, affirmation, relational aesthetics, gender, new materialism, flow ontology, transformative ethics, ontology-ethics, Baruch Spinoza, Gilles Deleuze, Félix Guattari, Rosi Braidotti, Elaine Scarry.

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Introduction

On practice

The specific set of enquiries underlying this research have necessitated a shift in artistic expression, directing my professional activities away from a studio-based practice, with an emphasis on image production and installation art (working with text but in a language and art-based tradition similar to Joseph Kosuth, Barbara Kruger, Jenny Holzer, Dan Perjovschi and David Shrigley), towards more distinctly time-based, performative, and collaborative modes of working. Extending over a period of six years, this doctoral process has in a strict sense developed as an experimental exercise in art writing expressions and artistic and philosophical conceptualizations. During this time, I began to appropriate and employ new formats such as the performance reading and lecture, the text essay, and other forms of presentation which overlap with an aesthetics of learning and knowledge-making in a didactic, institutional sense. As an artist-researcher, over the past ten years, I have probed transhistorical space from an intersectional perspective, and engaged in the silent interplay between different power structures and their expressions in discrete situations such as the patient-doctor relationship (Willenfelt, 2009). Adding to this enquiry, progressively with *May and the Potentiality of Pain* (2014-2015), and clearly manifest in *Gibraltar: A Walk with Disturbance* (2017), I have started to work site-consciously, site-relatedly and site-specifically, aware that all these notions bring their own contestations and problems which must be negotiated within a critical practice.

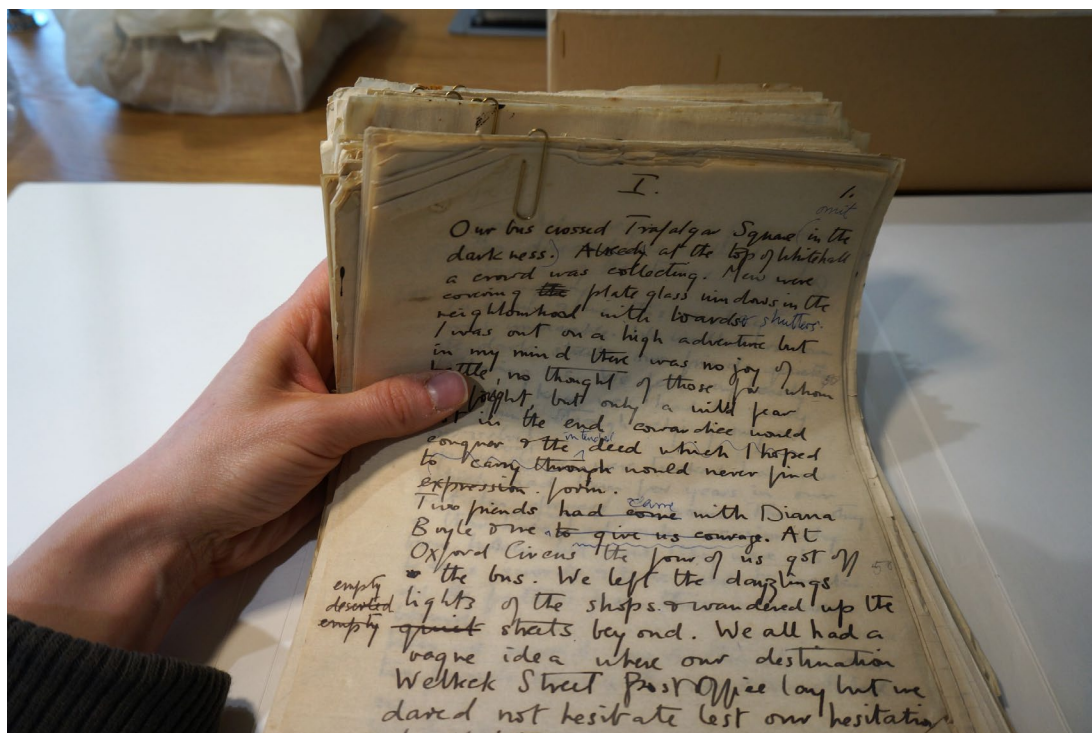


Figure 1

The work with all of the discrete art projects of this research commenced in various historical archives, depositories, and libraries where I was confronted with bodies of material consisting of biographies, diaries, medical records, and correspondences.¹ Although the archive is present in the respective artwork's *work story*,² it does not surface explicitly as an aesthetics or an artefact within the work itself (e.g. photos, print-outs of documents, or other materials from the archives). In a similar manner, the textual content figuring in the works' *art texts* are not quotes taken from the archive documents or confessional, biographical findings, but are rather the result of *counter-scripting* inter-embodied³ affects

¹ It should be noted that the archives and medical records used in this research study are no longer classified, i.e. they are 70 years or older. Material drafted later and by my contemporaries has exclusively been used with the consent of the author/pain witness in question. These materials and texts have then been requested and submitted in the format of statements, written or oral records. The only still classified medical records I have been using for my work are the ones containing my own personal data. Further, the majority of the photographic and illustrative documents found in the various archives are copyrighted material belonging to third parties, which is why reproductions of these images cannot be made in this document.

² Magnus Bårtås (2010) conceptualises the work story of an artwork as the stories surrounding the artwork. The work story serves as a top layer informing other methodological and narratological levels and aspects of the artwork. As a meta-layer, the work story is thus '...an account of actions, a series of making, but the story also often contains accounts of considerations and relational moments (to the situation where the actions were performed)' (Bårtås, 2010, p. 46).

³ 'Inter-embodied' is a term that in this thesis signifies the relation between two or more bodies, or between bodies and things, in social as well as ontological respects.

of pain by means of affective reading and a corresponding practice of suppositious, speculative writing. The immersion in the archives and the re-engagements of actual and virtual sites has occurred in tandem with extensive documentation, adaptation, and writing.

May and the Potentiality of Pain (2014-2015) was a remix of the suffragette archive at the Women's Library at London School of Economics (LSE) in London, construed as a re-reading of the hunger strikes of the imprisoned British militant suffragettes. A body of text composed of literary references, philosophical hypotheses, and body political positions and negotiations, the collated material formed a solid base for further written excavations, discoveries, and tests of the untapped potential of the phenomenon of pain. The speculative writing referred to the suffragette May Billinghurst (1875-1953), her performance of pain, i.e. self-starvation, and how she made useful service of existing pain as a long-term sufferer of the effects of childhood polio. In all of the artworks produced within the scope of this research, contemporary experiences of chronic pain and illness were included and intertwined with peripheral events and life stories of the past (e.g. the anonymous lives of the poorhouse women in *Gibraltar, A Walk with Disturbance*), as well as with well-known historical cases and contexts (e.g. the notorious hunger striking bodies of the British suffragettes in *May and the Potentiality of Pain*).

In the text and video essay *It's Always Three O'clock in the Morning* (2016), expressions of post-partum pain suffered by the medieval mystic Margery Kempe (ca 1373-1438) were intertwined with voices from present-day pain patients. Approached from a profane perspective, the work was presented as an interrogation into the subversive potential of Kempe's performance of pain, which could be interpreted as an emancipation from oppressive patriarchal structures. Extrapolated from the biography *The Book of Margery Kempe* (ca 1438), the text and video essay describes pain as a transhistorical phenomenon and, moreover, gives priority to cross- and ahistorical yet norm-breaking expressions of chronic pain performed in public and personal spheres.

The final instance of counter-scripting long-term pain in this research took place in *Gibraltar, A Walk with Disturbance* (2017). This artwork was performed as a walking tour of Chalmers Campus Vasa, which is located on the site of the former poor and workhouse *Gibraltar* in

Gothenburg (1888-ca 1939). The project constituted a discrete part of the artistic collaboration project *Frenzy to Cure* ('Botandets iver', 2016-2017), initiated by the artist and curator Maja Hammarén. *Gibraltar, A Walk with Disturbance* brought together questions about the subversive potential of pain with the individual life stories of hysterics and 'weak-nerved' female inmates at Gibraltar. It also brought into question the numerous remedies and treatments the inmates at Gibraltar underwent. These well-intentioned attempts were put in relation to contemporary practices of health care and treatment, where the artist's own experiences of occupational- and cognitive behavioural therapy were incorporated. In an intricate weave of comparative and transhistorical affects of suffering, the audience followed the footsteps of three women across the last two centuries who received financial assistance and public poor relief due to illness: Sofia Niklasson (1865-1919), Evelina Magnusson (b. 1863⁴), and Johanna Willenfelt (b. 1977).

The present research adds its own stories to a community of researchers across disciplines who take an interest in detailing as well as widening the scope of the concept of pain. This research contributes to a growing number of related inter-disciplinary engagements and activities (e.g. *The Birkbeck Pain Project*, 2012-2014, *It's Not What You Think: Communicating Medical Materialities*, 2013, *London Conference in Critical Thought*, 2014, and *Re-engaging Elaine Scarry's The Body in Pain, A Thirtieth Anniversary Retrospective*, 2015). In addition to its contributions to broader attempts to challenge a still residual Cartesian⁵ approach to the body in pain, this research makes further, bolder claims. It goes so far as to propose that while pain may be interpreted as an adversity to the knowing subject, it can actually assist the body, by enriching its capacities, to the extent that the body exceeds itself. Through this process, the body becomes more than a phenomenologically experienced entity – it becomes something different and something greater than that alone.

⁴ Evelina Magnusson was released from the workhouse before the event of her death. Her date of death was therefore not registered in the documents of the Poor Board.

⁵ The Cartesian (of René Descartes, 1596-1650), mechanistic view of the body and its pain pathways is founded on the perception of the body as 'dead matter' (Marc-Wogau, 1992, p. 57, my translation). For Descartes, pain is cognizable only through its transmission from the external location of bodily stimulus to the brain which lights up and strikes like a bell on a string. However, instead of a toll as epiphenomenon, a mental response is produced. Modern-day theories of pain still informed by the Cartesian perspective (Cartesianism) mainly focus on the causal relation between external stimulus, lesion or pathology, and brain processing activities, supporting the presumption of the mind's primacy and superiority over an assumed 'silent' body.

This practice-led study has a profound investigative and conceptual base. Part of the task of the written part of this thesis is to shed light on the background research process and how it plays a crucial role in the materialisation of the artworks themselves. The text further aims to establish a mode of communication between practice and analysis which does not level or reduce these activities and their distinct logics and modes of expression, or impose a binary between making and reflecting. Instead, the writing aims to provide models for approaching the research post-performance, i.e. in mediating the intentions, engagements, and effects of the art practice, as well as its wider outcomes and contributions to knowledge. Since the tripartite series of artworks themselves heavily depend on processes of creating and performing text, this report has also served as a tool to illuminate and disentangle gestures in the art practice which either border on adjacent artistic fields of knowledge, such as performance art and literary composition, or mimic or exaggerate prevailing forms of language, presentation and output in the academic learning environment. The art texts are the result of creative explorations involving speculative, suggestive, and fictionalised interpretations of public, professional, and personal documents, records, and writings. The artworks themselves are performative, provisional, and experimental. Exploring new, experimental forms of writing and performance, the production of the art projects has been a journey reflecting the literal meaning of the word 'essay': an attempt, trial, a direct relationship to experience, a weighing and testing of qualities. Semantically, the word essay here intersects with 'pain' as a laboured effort, or a painstaking application of oneself in the original meaning of the Latin 'studium' (Oxford Dictionary of English).

The artistic practice documented and discussed in this thesis sits somewhat uncomfortably with some of the more established models of communicating knowledge production. For example, while proper formatting and stylistic choices are integral to what is known as good academic praxis, in the professionalisation of emerging academics, the present research is mindful of the potential violence that culturally specific, arbitrary language may exercise on lives, matters, bodies, and people who look, act, or function differently, or identify with being for example agendered. This research is informed by a longstanding, contemporary critique of representationalism⁶ and universalisation in and outside of contemporary arts

⁶ The view that reality can be represented as an independent phenomenon.

practice (Marhöfer, 2015; Hedva, 2016; Dwoskin, 2001) and of theories adhering to a phallogocentric and anthropocentric distributive logic of human and more-than-human experiences (Thrift, 2008; Clough, 2007; Bryant et al, 2011) and their reverberations in both feminist theory (Berland, 2001; Braidotti, 2011, 2012) and disability studies (McRuer, 2006; Taylor, 2008). To be respectful to othering expressions of life, and to prevent forms of authorship and representations of unity from exposing the body in pain to harmful appropriations and stratifications, writing in this thesis thinks through a new materialist philosophical framework.

Theories of new materialism are known for problematizing anthropocentrism and levelling ontological hierarchies and conceptual binary oppositions (mind/body, nature/culture, human/animal). In the collected assembly of 'turns' within the arts and social sciences (material, animal, affective etcetera), several dimensions of pain, emotional, relational, affective, and so on, have been accounted for (Folkmarson Käll, 2013; Ahmed, 2002; Bennett, 2005; Taylor, 2009). An implication of thinking with the processes promoted by these turns is that the body becomes relational and fluid instead of fixed and static. It becomes dependent on intensive forces, of affects and affections, rather than feelings or emotions, which are formed only as an effect of bodies' capacities to affect and become affected. This study is highly influenced by the 17th-century philosopher Baruch Spinoza's ontology-ethics and Deleuzian transcendental empiricism of the 20th century, traditions of thinking mind, matter, and their interactions, out of which new materialist theories have germinated. Figures of thought and ontological tropes, like the *image of thought* (Deleuze, 2004), the *Body without Organs* (Deleuze, 1990; Deleuze and Guattari, 2004, 2009), and Spinoza's affect theory (Spinoza, 1996) are adopted and used as tools for thinking the body in pain analytically in this research as well as developing strategies of counter-scripting the body in pain.

This research implements a theory of affect largely derived from Spinoza and his *Ethics* (1996 (1677)). When the word 'affect' is verbalized in this thesis, the term pertains to events of affecting and being affected. When affect is used as a noun, however, it can be defined in terms of a body's assembled 'capacities for action,' as articulated by David Bissell (2009, p. 913). Notably, there is a distinction made in this research between an affection, which is an

event that belongs to the body, and an affect, which this research perceives as a movement and force in intensity pertaining to the encounter between bodies, beings, and things.⁷ Affect is thus an intermediary that intervenes in the present tense, and a necessary feature for progression and change on the most basic level of life. Accordingly, the affects of the encounter with an artwork always extend beyond the work, but do not belong to the individual who experiences them, i.e. to the audience of an artwork. Likewise, the affects I as an artist-maker experience, the passive affects (*passio*) that I *suffer* in the archive as I take part in other people's stories of pain, do not belong to my body in the same way that affections do. Affections are intrinsic to 'my' mode of being, yet they are pre-cognitively experienced. By *mode*, Spinoza declares, '...I understand the affection of a substance, or that which is in another through which it is also conceived' (Spinoza, 1996, p. 1.).

Informed by Spinoza's affective ontology, this research considers affect the mechanism of an encounter that instigates transformation and effects change among the present parties, within the archive, as well as in the reader-receiver. This mutually affecting/affective relationship between the artist and the material archive in the process of making the work, as well as the reception and actualisation of that artwork, so central to this research, will from this on in this text be labelled the *Affecting Archives*. When an affected reading is mentioned in relation to the archival research, what is referred to is the artist's sensibility towards their material. I will consider individual sensibility, as a mode of 'thinking' with sensation, as a part of the ether of an affecting/affective *intertextuality*⁸ which later surfaces as an integral part of the subject or expression of the artwork actualised by the audience (*text-becomings*). The manifested sensibility that the being of the sensible amounts to in the

⁷ Albeit conceptually, following in the footsteps of thinkers of affect (Spinoza, 1996; Deleuze, 2003; Massumi, 2002), this research perceives of both the terms 'feeling' and 'emotion' as meta-affections. I.e. personal emotions are comprehended as registered responses to impersonal, embodied affections. A particular feeling I have is thus an affection of affections: a meta-affection. This implies that the processing of a material through embodied thinking and knowledge, both in the making of and taking-part in an artwork, are engagements that carry with them a different pattern and frequency compared to reading and collecting material in a scientific, nomenclative and systemic fashion. It should be noted that scientific methods of collecting and cataloguing and archiving frequently are appropriated as models for working in contemporary arts practice (e.g. Mark Dion, The Atlas Group, Susan Hiller, Fred Wilson). These models of working are, however, subsumed under the logic of artistic reasoning, institutional critique and knowledge.

⁸ The concept of intertextuality is here separate from but is conceptually derived from the analytical device for creating a shared space in a text of mutual exchange and transposition between texts and their systems of signs (Kristeva, 1980, p. 15; p. 36-37; p. 68). Affecting/affective intertextuality denotes in this research the interlinking of affective, literal, and inorganic structures and expressions of texts where the concept of text extends beyond the scope of language and semiotics, to encompass and interpenetrate animate bodies, events, phenomena and social tropes. Another term for addressing similar processes used in this thesis is 'living document.'

individual body should therefore not be overlooked or discarded as merely subjective or private experiences. It is indeed a vital component affecting the total experience of art. Other working concepts that have been birthed through the research process, informed by a new materialist vocabulary, are terms such as the *ethical practice of pain relations*, *pain-as-site*, *becomings-with-pain* and its related *text-becomings*, and *biopsychic mapping*. The most pertinent working concepts and theoretical underpinnings will be introduced in *Key concepts and definitions*; others will be unpacked in subsequent analyses and discussions of the artworks.

When this research refers to ‘female’ bodies and ‘women,’ these categories comprise individuals who identify with the sex they received at birth (woman) as well as individuals who do not identify this way and/or are more at home on a non-binary continuum. In an attempt to avoid dualisms, without losing sight of a systematic and historic form of oppression, ‘women,’ ‘female,’ and ‘feminine’ are inclusive and wide concepts. Additionally, I will in this text employ a-signifying pronouns (‘they’ and ‘theirs’) which hopefully will contribute to attenuating binary and asymmetrical relations between creator and created, material and maker, subject and object. While the I, the artist-researcher, indeed initiated the research and its projects, leading up to the effects of practice – i.e. a specific production and contribution to knowledge – the artistic research process has taken place in the interplay between unforeseen events and contingencies in the vital yet elusive materialization processes of art.

This study distinguishes itself from previous theorizations and affirmative approaches to the body in pain (Arsic and Lambert, 2005; Braidotti, 2008, 2011) in that it reassesses the affective force of the sensation of pain through methods specific to making in the traditions of fine arts and literary composition. Methods specific to artistic research are characterised by a certain slowness, perseverance, and an abundance of affect. Writer, curator, and art critic Mika Hannula talks about the temperament of qualitative, artistic research in terms of patience and endurance, comparing it to physical efforts like ‘Trying to run in waist-high new snow,’ ‘Crossing a river by feeling each stone,’ and ‘Moving like smugglers’ boats, moving quietly in the night, with no lights, almost colliding with one another, but never quite making contact’ (Hannula, 2008, p. 110). In general terms it could be said that artistic practice and

research are about risk-taking. There are no prototypes for success. For these reasons, the field of artistic research lends itself well to a study of pain such as the present attempt to delineate an ethical practice and scope of *pain relations*. A site of pain scrutinized in each of the artworks cannot be assumed beforehand, but are 'discovered' and 'excavated' in the process of their execution. For each discrete artwork in this research there is an internal logic which must be invented in the making. As a direct consequence of the discrepancies and gaps between art making, pain processes, and analytic thinking, it has been important in this research process to wade slowly but firmly, feeling each stone. It takes a lot of sweat, and is not always an elegantly performed walk, but attention is paid to maintain a painstaking loyalty parallel to an anarchic attitude towards the material in question. Sometimes it has been necessary to go back, revise, reconfigure, and reiterate a particular part of the process. With each amendment, the method has also been adjusted. To label the art projects of this research 'attempts' is thus not a gesture of modesty. It is a way to stay true to the event.

Key concepts and definitions

Archive

When inflections of the term archive are used in this text, in expressions such as the 'affecting' and 'moving' archives, rather than referring to the archive as a physical object, these composite terms refer to attributes and properties of pre-cognitive processes in the event of being affected by certain material and textual information. In this research, the affecting archives is thus used as a comprehensive term to describe affecting/affective processes taking place in the moment of art, i.e. in the actualisation/materialisation of an artwork through the encounter with an audience, as well as in the archival practices of the artist (i.e. in processes of encountering, garnering, and adapting a material for an art text). While the archive in this research is not featured as a contested ground (such as in works by Mark Dion or Fred Wilson), nor invoked as physical site or aesthetic structure (as in the works of Susan Hiller or Andrea Fraser), the concrete, tangible archive (physical, digital, or other forms of depository or material) is present in the artwork as a virtual structure, intrinsic to the affecting archives. The conception of the affecting archive as an intensive,

permeable and fluid relational structure is used in this research practice as a strategy for eliciting responses from the audience/reader and, ultimately, to transform their bodies. When the reader, the audience, I as artist, or a patient are struck by affect, we suffer, we passively undergo an event. Yet, when affect strikes, it always elicits something from our own, embodied and virtual 'archives' (for the sake of simplicity, an embodied archive is here something akin to embodied memory). This archive at play, or the moving archive, denotes the creative aspect of affect. The affecting and moving archives are integral components and conceptual tools in this research, and will be reappearing in the thesis and in the analyses of the artworks.

Pain

The present research project has been challenging, not least due to the polyvalence of the concept of pain. There is a vastness and a redundancy to pain but also a speed to it which obstructs the event and makes it hard to fathom. Much of our embodied condition passes far beneath the level of conscious awareness. Pain is normally comprehended as a bodily sensation, as one variant of affect. As such, it extends across the entire spectrum of human perception, from imperceptible pain intensities and interstices which modify our behaviour during periods of cognitive radio silence, to broader background feelings, and episodes of familiar aches both affecting and affected by our every move. Both the concept and the lived, phenomenal experience of pain are perhaps most commonly recognised in *The International Association for the Study of Pain's* (IASP) 1994 definition of the phenomenon as 'an unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage.' The IASP's brief description reveals that pain is not merely a felt characteristic involving somatic processes but a highly complex assemblage with many dimensions and components: affective, emotive, metaphorical, symbolic, cultural, etc.

Regardless of the field, any study on pain should specify its scope, and reflect the multi-dimensional aspects of the phenomenon as much as its restrictive ones. Thus, while this research attempts to avoid inserting categorical distinctions or negative difference (Deleuze, 2004, p. 295, also see the definition of negative difference, pp. 18-19 in this text) among pain variations, any categorisation or signification of pain within this research is made for

the purpose of narrowing down the scope and clarifying the research question. This study will be looking at degrees or expressions of pain, namely long-term, chronic, *low-intensive*,⁹ and predominantly femininely coded pain.¹⁰ To attend to the question of what the body in chronic pain can do, the study departs from a notion of pain as something one resists by suffering it 'negatively,' i.e. as a perceived lack of reality. Instead, it moves towards a more open attitude to long-term pain informed by acknowledgement and affirmation rather than negation. In doing so, this study seeks to challenge binary concepts such as 'sick' versus 'healthy' and, in addition, to explore the tensions between these presumed binaries within the sphere of art as a combined practice and place. The view on pain as a vital force, rather than as a world-shattering, inexpressible event that must be denied or done away with (as argued in the thesis of Scarry, 1985), is a perspective which necessitates a fundamental shift in the perceptions and conceptualisations of pain found in much of western culture with its incontrovertible striving towards an increasingly anaesthetized, ideally painless life. This research does not contest the necessity and value of medication and pharmaceuticals for chronic pain patients. It does acknowledge the existence of the many and unceasing forms of pain and suffering, and supports the individual's freedom to choose how best to alleviate their pain. It does however take argument with medication's dulling of bodies in a way which holds them back, locked in a state of grief and mourning. A related argument is David Bissell's claim that an all too liberal medicalisation of physical pain restricts the patient from forming new and other relations to their body in pain (Bissell, 2009, p. 921). To provoke such a reconceptualization, this interrogative research practice approaches, through counter-scripting instruments, the phenomenon of pain as an occurrence or a verb, a happening or event rather than a static condition, which inevitably prompts a chase for pain's intended meaning, its essence. The question 'What *is* pain?' is therefore not a pertinent one in this project, which instead focuses on *how* pain affects.

⁹ In the scope of this thesis, low-intensive pain denotes low or medium levels of pain that exert an incessant stress on the nervous system. It is a degree of pain that is not evidenced through acute flashes of disruption within our lives, so-called 'fireworks affects' (Thrift, 2002, p. 241), but rather through the insistent, obdurate, and difficult elements that weave a persistent thread through our everyday experience.

¹⁰ 'Femininely coded' in this thesis signifies a codification of pain as feminine in cases of illness where the prevalence among women is extensive, in diagnoses such as fibromyalgia, rheumatoid arthritis, or soft tissue (myofascial) pain. The term is not intended as negative or devaluing, but rather as a means of highlighting the social constructions of gender and illness that specifically oppress, injure, or belittle the category of women. The statistical over-representation of women in experiences of chronic, low-intensity pain is partly due to these same gendered oppressions and patriarchal structures. See Berland, (2001). In addition, this study affirms and values any physiological or biological characteristics of female bodies that render them more prone to sensitisation.

Striving to move beyond a binary opposition depicting suffering as a mental, privileged state of mind vis-à-vis pain as a corporeal 'primal,' 'animal,' and unintelligible experience, this study makes a point of not separating the concept of pain from the notion of suffering. To this end, there cannot be any separation in human culture between conditions known as mental health on the one hand and somatic pain on the other. This research instead approaches both suffering and pain as modes of becoming, which are distributed as ever-changing configurations on an intensive *spatium* including both corporeal and incorporeal elements. In addition to studies in medical science proving that the human experience and perception of pain is highly dependent on context (Butler and Moseley, 2003, pp. 18-21), medical findings also show that pain centres and emotion-processing regions neurally overlap, making it difficult to differentiate physical and emotional components of pain on a practical level (Melzack and Wall, 2003). The pain-emotion contingency acknowledged in medical science further corroborates the obsolescence of a mind–body dualism. That there is a mutually affecting relationship between the embodied nature of the psyche and the psychological, emotional components of somatic pain has been proven and argued not only in the medical field, but indeed also in philosophies of the body and affect in the arts (Ahmed, 2002; Mol, 2002; Boddice, 2014). Accordingly, for the purposes of this study, the terms *pain*, *hurt*, and *suffering* will be used interchangeably to denote a complex of inter-embodied realities.

Difference

Difference is ordinarily perceived as a distinguishing relation between two terms, as an empirical or external difference between two determinations. In linguistics, the concept of difference contributes to the unity of language, as opposed to its manifoldness (Dahl, 2000, p. 25). As a necessary feature in language production, the differentiation process effectively restricts the scope of reality. When one of the contraries in the differentiation process is identified as a component 'similar to' or 'different from,' difference-in-itself seems to be dispelled. This research adamantly affirms that difference has a positive presence, it does exist in itself. In continental, western philosophy, *differential ontologies* (Deleuze, Derrida, Husserl) have set out to challenge the ordinary perception of difference where difference is excluded as a positive presence in the act of separation of terms. Within differential

ontologies, difference is considered to be foundational and constitutive. Differential philosophers sometimes refer to the ordinary concept of difference as *negative* or *conceptual difference*. In this text, I will be using these terms alternatively. While it is hard to think about difference in positive terms, it is important that we try, since difference in itself does not resemble negation. 'On the contrary, the negative is difference inverted, seen from below (Deleuze, 2004, p. 295).' According to Deleuze, negation is merely difference pushed to its outermost limit (Deleuze, 2004, p. 55). In an attempt to reconceptualise, think and practice pain outside of a representational framework, this research has benefitted from reflecting upon difference as a constantly varying force (also *difference in intensity*, (Deleuze, 2004, pp. 296-297)) which acts on the relation. Moreover, it is important for this research to acknowledge the positive presence of difference since difference in itself technically incites embodied processes of movement-change.

Intensity

Intensity is a concept I often return to in this text in discussing the body in pain as an affective structure. Intensity is intimately connected with pain affects. While affect initiates effects in the sensible, intensity is the way affect is given to the body to suffer. It is the ether through which being moves. Drawing from Deleuze's tripartite ontology (the virtual-intensity-the actual), this research perceives of intensity as the non-extended, silent inorganic flow which reshapes identity through sensation on one side, and rearranges the plane that conditions the formation of these sensations on the other. In a critical metaphysics, intensity is a movement of self-generating, creative desire, which drives a body. Immanent in all being, desire operates as 'a process of production [of reality] without reference to any exterior agency...devoid of external rules and transcendent ideal, devoid of a negative law of lack' (Deleuze and Guattari, 2004, pp. 170-171).¹¹ To rethink the body in pain through the intensity of generative desire is thus to do away with lack as an extensive term, the purpose of which is to perpetuate loss as a chronic condition for the body in pain.

¹¹ Looking at the world through the optics of Spinoza's affective ontology, desire (*conatus*) is a mode of persevering in one's being and thus intrinsically intertwined with the self-expressive, self-generating body. To distinguish between forms of power, the Nietzschean *will to power*, while sometimes mistaken for a regime's desire to rule and dominate, is not about coveting or grabbing for oneself but about creating and giving. The will to power has clear affinities with Spinoza's concept of *conatus*. Both the will to power and *conatus* are forces of life whose aim is to persevere being and sustain life in the best possible way. Thus, 'Power, as a will to power, is not that which the will wants, but that which wants in the will' (Hughes, 2012, p. 73).

As transcendent, experimental exercise, intensity is in this research distinguished from its function as a transcendental principle for all things, i.e. for reality production. However, intensities are transcendent beings of the sensible immanently within the collected force comprising reality.

Image of thought of pain

The concept *Image of thought* refers to a philosophical tradition which includes an inherent scepticism towards ways of knowing and thinking, or thought itself. This tradition maintains that we cannot trust thought alone, or that which takes itself for granted in how reality is given. To assume an unbiased approach to the 'given-ness' of reality, one must therefore mistrust and challenge a conventional image of thought and the rationale or dogma upon which it rests. One must try, Deleuze urges (2004, pp. 164-208), to think thought *without* an image, through and with the immediacy of sensation, a thinking which is devoid of previously acquired understanding, beliefs, and attitudes. In this research, I am interested in challenging a conventional image of thought *of pain* pertaining to western ideas, norms, and representations of the body in pain, and, predominantly, femininely coded pain. What is challenged is thus an image of thought adhering to a logic of negative difference. In emphasising such a counter-practice, my thesis employs expressions that are suggestive of an alternative, othering image of thought of pain (or, rather, a thought of pain *without* an image), such as a *non-dogmatic*, *embodied*, and *radicalised* image of thought of pain. In doing so, the research maintains that it is only when we attempt to think through and with sensation that we can begin to understand how *a life of pain* shapes reality through its othering sensibilities. Artistic practice and thinking, this research elaborates, lends itself exceptionally well to such an attempt. A rendition of a thought of pain 'without image,' requires this artistic study to approach the other body in pain by grasping not its essence but its *presentational* mode of Being (its expressions, extensions, ideas, and becomings).

Counter-scripting

Counter-scripting is utilised as a key methodological umbrella concepts whose gestures and strategies are developed, enveloped by, and threaded through each of the art projects in this thesis. As a compound method, counter-scripting denotes a spectrum of strategies and gestures, ranging from archival research practices of encountering/reading and

selecting/garnering a material, to the re-articulation and adaptation of the material for a manuscript. Counter-scripting strategies also encompass the actualisation of the art text through performance, as well as the feedback, permutations, and bearing that these forms of delivery might have on the art text as notional text-becomings. The various iterations of this process and their interconnections will be discussed in the following sections, *Art Projects* and *Discussions*. While the writing strategies developed in this research partly function to counter dominant narratives of pain and neoliberal labels of illness, cure, and care, the main purpose of counter-scripting is not only to unveil preconceived notions about the (female) body in long-term pain but, moreover, to convey to an audience or reader an alternative image of thought of pain.¹²

Counter-scripting strategies intend to counter-act the image of thought of pain, through which the being of the sensible ordinarily is conceived. Most notably, counter-scripting distinguishes itself from conventional pain stories and narratives, through the embedded, immanent approach it assumes towards its material. Concretely, this means that discrete, peripheral historical cases and biographical data, presented in the artworks might constitute points of departure, but do not serve as representations of marginalised and neglected categories of pain sufferers. Instead, they are used to engineer temporal and affective displacements, and form pathways to experiences related to the audience/reader's own embodiment and affectivity, pointing to how their compound selves affect and become affected.

As an artistic material, pain relations are illusorily quiet, complexly obscured by pre-personal affect. As will be addressed in an elaboration of 'pain as practice' in *Discussions*, *pain practices* are in this study perceived as expressions of configured pain relations,¹³ that is to say, pain behaviour, habits, and routines that reproduce and affect cultural and social enunciations of pain. Counter-scripting techniques, I argue, can, through an immanent

¹² However, if the disengaging of pain from a conventional image of thought can be used as a means in the feminist struggle, both in and beyond fine art practice, this additional corollary to the investigation would, of course, be welcomed.

¹³ When this research talks about relations of pain, it refers both to inter-embodied relations which take place between two or more embodied beings or parts of nature, as well as self-relational practice. Self-relational practices here have nothing in common with the kind of self-referentiality that makes up the mental act of introspection. A self-relation is not a reflection about my body through an idea that 'I' have formed about my body and its affections. While feelings belong to self-reflection, affections do not. They belong to the continuous, unceasing affectivity of self-relation.

approach to these underlying relations, be performed as an ethical practice for rerouting conventional pain behaviours and thus affect change in the social field.

What is 'ethical' about the practices yielded by counter-scripting is thus the immanent¹⁴ approach to the body in pain. Notably, the definition of ethics and ethical practice in this research disengages itself from the notion of ethics as the theoretical and philosophical reflection that discusses moral conduct and its foundations. A *natural* ethics (Spinoza, 1996; Deleuze, 2004) is concerned with the way that reality is given to human reason to process, and the inadequacy of the conscious mind in accounting for sub-representational, inter-embodied events. Reality is always produced, but how it is produced and the conditions for this production seem to raise some issues for the sentient being. The capacity for human reason to account for these internal relations of connectivity on the level of the sensible is limited. Most of the time, the subject – 'I' – appears to transcend the being of the sensible by projecting its ideas and perceptions regarding itself and the world on it. The transcending ego can in this sense be regarded as an *unethical* and unsustainable practice that corrupts, obstructs, and distances the sensible from its potential (Deleuze, 2004; Spindler, 2013). According to Deleuze, all ways of thinking about the world have a legitimate and an illegitimate use, a transcending and an immanent approach (Parr, 2010, pp. 79-81). A conventional way of thinking about human agency is by predicating subjectivity on binary distinctions which are exclusive rather than inclusive and polyvocal; the binary structure of 'either-or' claims that one can either be female or male, sick or healthy, animal or human etc. In Spinoza's natural ethics, there are no ontological differences in kind, only in degree, between matter. Everyone is an ethics of nature, an individual mode of expression.¹⁵ Matter is thus not simply a property or an attribute of animate and inanimate bodies but indeed a way of continuously becoming with the world. By de-coupling being as-an-ethics and moral being via this bold ontological claim, Spinoza bypasses a transcending, legislating universalism.

¹⁴ An immanent worldview describes a world where all there is, is contained in the world. There are no things, faculties, or concepts existing outside of it, transcending it.

¹⁵ In this way of thinking through an affective ontology, we are as modes of Being all cast in the same-similar form, meaning, we are of the same material, but the way a mode is affected and expresses itself in positive and primary difference differs. According to Deleuze, Spinoza's model of individual expressions is resounding in the ontogenetic principle of life he proposes, a principle that conditions a biopsychic notion of mapping reality in this research.

In pinning down counter-scripting activities, the method is, in a Deleuzian sense, about finding alternative ways that pain can be articulated, to avoid turning bodies that suffer into fixed subjects, illness identities, or carriers of presumed attributes or characteristics. Counter-scripting strategies aim to let the receiver of the artwork linger in spaces not ordinarily observable, but still vital and constitutive parts of life. An ethical art writing practice in this research asks the question: what can the body in pain do, insofar as pain, as a phenomenon, is not considered a *telos* and transport for contexts of meaning? The importance of an 'ontology-ethics' – that reality hinges on a continuum of ontology and ethics – for this research's practical approach to reconceptualising pain will be problematized further in the *Discussions* chapter.

Art text

When the term art text is used in this research, it refers to the scripted content of an artwork, i.e. the textual element that arises through the garnering and adaptation of the archives, and the reconfigured relationships established among pain affects and the receiver of the text. A qualifier of an art text in this study is the presence of a transformative component denoted 'text-becomings.' Only when performed as an artwork-assemblage,¹⁶ extending itself over someone or something, can the scripted content be actualized as an art text. The concept of art text thus encompasses textual content as well as inflections of textual relations. The mode of performing an art text varies and each mode of presentation affects the sensibility by which the work is delivered differently, eliciting different outcomes. To my knowledge, the propositions, suppositions, and speculations that find their voice in the art texts of this study have no support in any existing historical or scientific research. Methodologically, however, there are overlaps and affinities with emancipatory feminist work characterised by suggestive, experimental writing, often found in history, gender,

¹⁶ The definition of 'assemblage' in this research, whatever issue it is in reference to (e.g. pain assemblage, artwork-audience assemblage) is that of a temporary, transient compound made up of organic as well as inorganic materials, components, and connections. They are temporary or transient complex constellations which come together to perform a specific function and/or effect. According to Deleuze and Guattari's definition of the term, there is always an inorganic component of life to assemblages, insofar as assemblages are often inorganically gathered and organised (Deleuze and Guattari, 2004, pp. 79-82). For example, during vaccination, when tissue is pricked by a syringe, a sensory alarm system might go off although the procedure is known to be rather 'harmless.' In the vaccination situation, the particular assemblage of pain one enters into depends on context: is there anyone with me in the examination room; a parent, partner, friend? Do I have a previous negative experience of being vaccinated, or do I get faint from seeing blood, and how well does the nurse's technique and style of care agree with me? There are always communications and connections between material parts of a pain assemblage, but they are not regulated and sustained by an organic whole.

critical and cultural studies (Ahmed, 2015, Johannisson, 2016, Nilsson, 2007, Showalter, 1997). The art texts in this research are all highly morphed and speculative chronicles of a selected range of affective material of pain and encounters with pain practices. What is acted upon in these works are not the conventions of a certain time or event in the past, but the contemporary context into which a life of pain is redeployed as a composite event.

Art Projects

The present study thus emerged partly as a response to the lacunae in contemporary arts practice of problematizing prevalent cultures, practices, and customs of long-term pain. Through speculative writing and counter-scripting methods, the research practice draws attention to acts of resistance to prejudice, negligence, and misrepresentations of the female body in long-term pain, which occur, albeit under the radar, in various practices and relations of everyday life. In so doing, the study suggests that calling into question the representational power (power as restrictive: *potestas*) regarding the body in pain is a phenomenon that transcends historical boundaries. It maintains that a mistrust of prevalent perceptions of pain, in various cultural and social contexts, prevails and recurs across time. Whether it concerns the female's right to her own body, its desires and expressions in medieval Europe (explored in *It's Always Three O'Clock in the Morning*), the right to join the fight for equality as an equal force in the pre-war era of the suffragettes (*May and the Potentiality of Pain*), or the pained body's silent suffering, nervous collapse and passive refusal to work under late capitalism (in *Gibraltar, A Walk with Disturbance*), it is a dismissal of a negative logic of desire.

Pain and the context of art

When I began exploring the subject of pain about ten years ago, chronic, 'invisible' pain or *pain without lesions* (what medical literature often referred to as *non-tumour related* long-term pain) seemed to be a still taboo topic for those suffering from it. 'Chronic pain is a

greater taboo than sex nowadays,' one of the male actors I enlisted for the 2010 *Paradigm* work pointed out during one of our recording sessions.¹⁷ By then, I had suffered long-term pain, *central sensitisation*¹⁸ related to a physical trauma, for over a decade. Yet, the structural silencing of chronic pain had in certain respects eluded me and I realised then and there that I myself – albeit unintentionally – was a part of this culture of silence. My exchange with this actor became an incentive to continue to act on the connection between the existing social stigma of suffering chronic pain and a marked lack of interest in the topic within and beyond contemporary arts practice.

Early stages of this research showed how the occurrence of the subject of pain in contemporary arts practice – in terms of its scope, nature, and intensity – has been dominated by renditions of traumatic, acute (e.g. Beuys, Hirschhorn, Kentridge, Landau, Shalev-Gerz) terminal pain and illness (Spence, Flanagan, Dwoskin). Since the rise of postmodern art in late post-war Europe, numerous international contemporary artists have attempted to address and problematise the phenomenon of pain. Many of these works have risen out of multi-layered political contexts and conflicted discourses. Diverse politicised phenomena and systems of oppression often function in contemporary arts practice as a point of departure for discussing the human condition, ranging from reconciliatory gestures of de-colonisation and repatriation to neo-colonial and neo-fascist critique, from discourses of secularisation and sacralisation to issues on terrorism, migration, and climate change. What I found to be lacking in the production of knowledge about pain in artistic practice and research was an approach that not only rendered visible the invisibility of chronic pain but moreover challenged the human desire to negate it, as meaningless as its presence might seem. Contemporary attempts to thematise pain in 'Visualise Pain' types of collaborative concepts and curations, while often multi-faceted in terms of the kinds of pain portrayed,

¹⁷ We were recording and dramatizing the written witness statements gifted by a handful of female chronic pain sufferers. For a description of *Paradigm* (2010), see Appendix 4.

¹⁸ Central sensitisation is a process where there is pain without any present tissue damage. Its persistence depends on changes to the brain and spinal cord, i.e. to the central nervous system which regulates the body's alarm system. The reasons for these changes are clinically hard to identify, and might be caused by prior trauma of any kind. Common diagnoses pertaining to central sensitisation are for example fibromyalgia, chronic fatigue syndrome, non-specific low back pain, and 'psychosomatic' pain syndrome or pain caused by emotional stress (Butler and Moseley, 2003, pp. 82-83).

appeared not to offer challenges to the impersonal, irreconcilably subversive nature of mundane chronic pain.¹⁹

Even with the rise of the affective turn in academia (including developments in contemporary critical theory, e.g. Eve Kosofsky Sedgwick's 1995 work on Silvan Tomkins, Sara Ahmed's 2004 work on the cultural politics of emotions), works on chronic pain (beyond the medical field) are sparse. Indeed, identifying other contemporary artists' practices on the theme was sometimes as difficult as drawing attention to and talking about pain experiences – general as well as personal – with others, including close family members and distant acquaintances.²⁰ The neglectful silencing of female bodies in pain, and the additional harm it does, has been observed and discussed in relation to professional practices by Jody Berland in her article *Bodies of Theory, Bodies of Pain: Some Silences* (*Feminism-Art-Theory: 1968-2000*, 2001).

Micro-political instances of resistance addressed in this research intend to articulate a shift in perception of inter-embodied reality, challenging a conventional understanding of its very premise. For this reason, it is important to stress that this study is not a restorative project where overlooked bodies are given a voice. Although revisionary work may be perceived as a related effect and by-product, a critique via the counter-scripting process is carried out first and foremost with the intent to catch hold of pain and its contemporary enunciations, scripts and practices.²¹ Moreover, to the extent that this study is a critique, it is not making a claim *for* a particular cause; the research practice is polysemic in the sense that there is not one single goal, effect, or outcome intentionally sought or expected. At the same time, this does not necessitate the converse outcome: that an artistic practice that gives primacy to

¹⁹ It should be noted that there are numerous examples of contemporary arts practice that treat topics related to chronic pain and suffering, including works on compassion and empathy (Catherine Sullivan, Doris Salcedo), and immersive interdisciplinary projects and exchanges between art and the medical field (John Wynne, Steven Anderson and Kirsty Stansfield). The many inflections of pain and lived experiences of pain in contemporary arts practice cannot, however, be exhausted or even surveyed in this report.

²⁰ This was not due to a supposed lack of language of pain but more likely to the existential characteristics of crises brought about by pain. If, as Ernst Jünger suggests, 'pain is the greatest challenge in a life of challenges' (Jünger, 2009, p. 269, my translation), then part of the challenge includes the ways in which pain affects the physical and social ethos of the self. It has an immediate effect on our will and desires, interactions and communications, which are very hard to conceal from others.

²¹ This research firmly holds that if voices from the past are to be heard and affirmed, this must be conducted in an appropriate way, in the right context, without capitalising on them or turning them into objects for one's own sadness, fear, or hurt.

passively synthesising forces of pain relations amounts to the emasculation of political agency. In an approach to the body in pain as an ethico-ontological practice, political discourse will always be an inseparable affective component of individual matter of the body of pain. Similar to current academic and artistic studies of work criticism and bureaucracy (Paulsen, 2010; Huntington and Noväng, 2014), the research insists on affecting the fundament of negation that surrounds discourses on chronic, femininely coded pain, rather than pushing narrower political agendas. Having said this, in radicalising the notion of pain it is important not to underestimate the study's potential impact as a political statement.

Hence, neither this study nor its conceptualisations of pain are teleological in kind. The rejection of art as telos goes hand in hand with this project's dismissal of any utilitarian renditions of pain, separating itself from 'art as therapy' or art with articulated therapeutic intents, regulated by external agendas. While there are many fine examples of non-reductive cross-fertilizations between the contemporary arts, medical care, and natural science, e.g. Tim Wainright and John Wynne (2008), Jacqueline Donachie (2015), and Lucy Lyons (2016-2017), there is also a risk of reducing artwork to a didactic tool for medical science and communication, devaluing the force and capacities of art and not least, artistic research and knowledge itself. Notably, one must be conscious of the risks associated with working relationships that are also set up as commodity relations where, in a worst case scenario, artistic practice becomes reduced to contract research. Even art projects conducted within non-profit, non-governmental organizations (NGOs) can become emptied of their autonomy and force in this manner. It is true that art projects on pain, illness, and trauma deployed as vehicles for postcolonial and similar critiques, can make for ingenious works (Landau, 2000; Johansson and Newall, 2012). Nevertheless, as an advocate of the emancipation of pain from habitual appropriation, even when the approach to illness and pain is comical and tongue-in-cheek or employed for contrast and figure of speech, this research acknowledges that renditions of pain in contemporary arts practice are still dominated by a resistance to the phenomenon of pain as imbued with negative, conflictual connotations.

The effort to unveil a nuanced yet radicalised understanding of the potential of the body in chronic pain sets this research practice apart from innumerable renditions of the motif of the body in pain in the visual history of art (from Hellenistic works of art like the Rhodos

School's *Laocoön Group* and the Passion theme reiterated in Christian art, to the etchings of the disasters of war by Francisco de Goya and the renditions of agony in the paintings of Frida Kahlo and Francis Bacon). The self-perpetuation of the suffering self in Kahlo's work is indeed unparalleled in the modern history of art. Her politically infused practice gave voice to a life in chronic pain and a specifically female experience of loss. The artist's expressive depictions bear witness to the conviction supported by Ludwig Wittgenstein: while pain might be a private reality, it is certainly not an inexpressible event.²² Playing devil's advocate, however, it can be argued that while Kahlo's work refutes the claim of pain's inexpressibility through language, the metaphor-studded motifs can – albeit purportedly – be interpreted as the result of 'world-making' activities of human imagination. According to Elaine Scarry's seminal, thought-provoking, influential yet highly contested book *The Body in Pain, the Making and Unmaking of the World* (1985), bodily pain can be comprehended only through the disembodied activity of human imagination: the faculty with a capacity for re-making the world of the subject which pain has shattered.²³ To do so, for pain to be grasped as a concrete reality, the phenomenon has to be allied with a referent other than the body, since pain does not have a referential content, or an intentional object of its own. Pain is not necessarily *for* or *about* anything, which Scarry argues is the case with other embodied states such as hunger, lust, grief, or fear (Scarry, 1985, p. 161). To reconcile this lack a person must construct an analogical verification or substantiation (Scarry, 1985, pp. 13-14, 173-174, 280-281), conducting a mental or verbal act where the felt-characteristics of pain are appropriated away from the suffering body and presented as attributes of a visible or mental object (a tool, weapon, or other inanimate thing) that in itself lacks these attributes. Analogical substantiations animate otherwise inanimate objects and concurrently inscribe pain in an intentional relationship between an object acting on the sentient body (a 'stabbing' pain, a headache that 'hammers'). In Scarry's way of confining physical pain to a primitive and pre-linguistic sphere, the body in pain becomes deprived of a creative agency

²² For Wittgenstein, the body in pain seems to be communicated not through linguistic representation and illness identities, but through our behaviours, expressions, positions, choices, and participations. Through the lens of Wittgenstein, pain might thus be considered as a set of relational practices, and the tacit knowledge of pain could consequently be comprehended as relationally produced.

²³ Scarry's approach seems to leave us with two main avenues for conveying private experiences of pain: 1, through metaphor making or, 2, via quantifying clinical schemas used to measure unquantifiable affective dimensions (constructed as 'descriptors') and intensities of pain ('Present Pain Intensity'), as per the internationally acknowledged *McGill Pain Questionnaire* [sic] (Melzack and Wall, 2003, p. 4).

which only a coherent, stable subject is endowed with and can perpetuate.

While Scarry's research on pain is ground-breaking, not least because of its impact on the rise of a highly inter-disciplinary field of pain studies in the humanities, her thesis on the inexpressibility of pain has in recent decades been eagerly refuted, with great attention paid to the multidimensionality and polyvalence of pain (Bourke, 2017; Boddice, 2014; Folkmarson Käll, 2013; Moscoso, 2012; Sveen, 2000; Zarzycka 2007). As noted by historian Rob Boddice, *all* emotions, pain included, are expressed imprecisely (2014, p. 1).

Corroborating Boddice's statement, Karin Sveen points out that if there existed such a brevity as an 'observational language,' a vocabulary pertaining to our bodily and sensory status, we would be fluent in it (Sveen, 2000, p. 7). Scarry's dualistic and reductive view on the body in pain not only underestimates the capacity for expression and haptic articulation of animate matter (human and otherwise), it also disregards the ways in which new and different paths can gain forms of knowledge other than those within the bounds of human language and Kantian transcendental idealism.

In looking to othering forms and formations of knowledge, I have, in practice and analysis, considered the body in pain in relation to Deleuze and Guattari's ontological figure of the *Body without Organs* (hereafter referred to as 'BwO'²⁴) (Deleuze, 1990; Deleuze and Guattari, 2004, 2009). The BwO is recognised in this research as an operational, conceptual tool for unhinging conventional, negative approaches that cancel pain out, advocating instead a course of following the rhythms of pain. The BwO is not a fixed place or a bodily state, nor is it a concept or a notion, but rather always something to be undertaken and endured as an experimentation in intensity. In other words, to make oneself a BwO is a practice, or a set of practices. As a non-extended figure of intensity, the BwO does not occupy a concrete space but instead allows for affecting intensities to flow, spread, tighten, and rearrange themselves (Deleuze and Guattari, 2004, p. 169). Like other philosophical concepts of the body, the BwO is a body strictly metaphysical. Yet, it is as real as the physical body. Co-extensive with the body in pain as a lived experience, it is through the BwO that we

²⁴ The Body without Organs is a philosophical concept created by Deleuze and Guattari in their critical metaphysics and two-volume series *Capitalism and Schizophrenia: Anti-Oedipus and A Thousand Plateaus* (Deleuze and Guattari, 2009, 2004). The concept was introduced by Deleuze in the singly authored *The Logic and Sense* (Deleuze, 1990), informed by the theatre critic and artist Antonin Artaud, who first articulated the term.

can access the body's outer limits, the outside where the body is taken over by pure pain intensities. According to Spindler (2013), in the transformation of the body to intensity, the body *becomes world*; it is nothing, has no defined identity, and all flows of desire and affectivity pass through it freely and aimlessly (Spindler, 2013, p. 116). The reason I have chosen to apply the BwO in discussions of the artworks in this thesis is its usefulness in thinking about an inorganic, intensive life of affect that exists in the relation between bodies, parts, matter, and things. It stresses that while they are integral to our sensing, feeling, and emotional 'make-up' as human beings, affecting intensities are not attached to the individual body. The BwO offers a concrete way of thinking of the body in pain as practice.

Instead of approaching pain uniformly as a world- and self-shattering phenomenon, this study takes advantage of these same world-changing traits that pain brings about. It employs techniques intending to elicit transient responses and shifts in audience perception without invoking a hermeneutic tradition of symbolic and figurative play. Within contemporary arts practice, a performative approach to displacing pain relations is not a practice exclusive to performance art. The painter Francis Bacon once took issue with the assessment that his manner of rendering the body made it 'look like an injury' (*Francis Bacon: Fragments Of A Portrait*, 1966), by uttering the famous words 'I wanted to paint the scream more than the horror' (Deleuze, 2003, p. 38). His renditions of otherwise conventional genres of pictorial art such as portrait and model paintings convey on-the-spot accounts of unmitigated pain affects. While Kahlo's collected work make up an *autopathography*²⁵ of a body 'in pieces,' of a life shattered by pain, Bacon viscerally sheds light on pain's transformation of the human reality, allowing the audience to confront the fleeting moment of intermediate affect. In the light of expressions of pain in modern and contemporary art, the present study looks at problematizing the body in chronic pain from a perspective which, co-extensive with individual life stories, depersonalises and depsychologises the body in pain. This problematic field comprises a life of pain and its affecting intensities as the tension within a presumed binary of a discursive, subjective life, traced biographically, and an impersonal life of affecting/affective relations. Counter-scripting is the toolbox devised and tested in my research for fabulating from a sub-

²⁵ Autopathography is a blend of the terms 'autobiography' and 'pathography' and refers to the effects of individual illness, pain, and suffering on the artist/author's life.

representational plane and synthesising reality from 'below,' from the very process of becoming. This study's Baconesque turn away from a 'language of agency' (Scarry, 1985, p. 13) is indeed an intentional turn towards an immanent subjectivity and to presentations and performances of pain as inflections of embodied thought. Implicit in this shift is the notion that there is a dormant but vital force in the heart of all suffering. The acknowledgement of a foundational passivity reinforces and supports the main arguments and inquiry of this study: that there is a productive, even subversive, potential in a seemingly inert life of chronic pain, and that this potential can be elucidated through the articulation of a non-representational art writing strategy thematised as an ethical practice of pain relations.

Informed by the 19th century thinker Willam James (1890), this study perceives of embodied thinking as a relation and a movement in intensity which precedes and conditions affective and emotional change. Accordingly, pain intensities introduce 'impersonal' movement into an embodied subjectivity. Notably, this does not imply that pain in this research is assigned an ontological presence outside of inter-embodied relations with self and others/other things. For, as historian Joanna Bourke writes, this would be to '...confuse presentations of sensations with linguistic representation' (Bourke, 2017, p. 4.) and, consequently, result in an illegitimate transcendence of the body in pain. Such a claim would thus inevitably undermine the project's aim to emancipate the phenomenon of pain from the human desire to negate it through replacement by representation.²⁶

Thinking through the concept of a foundational passivity (also *passive vitalism*), aids this research in painting a clearer picture of how pain as an ethical practice might be pursued as an artistic exploration. In *Big Dig, Om samtidskonst och passivitet* ('On Contemporary Art and Passivity', 2018), authors Jonathan Habib Engqvist and Lars-Erik Hjertström Lappalainen scrutinize contemporary notions of art, concluding that there is a foundational passivity presupposed in the making of contemporary art practice. Their study affirms artwork's ability to create 'blocks of sensation,' or composites of percepts, affects, and empty space – out of which sensations are pulled (Deleuze and Guattari, 1994, p. 164). While sensations

²⁶ To this end, it should be mentioned that a life of pain in the script of *May and the Potentiality of Pain* is described as an expression of 'suffering-as-pure ontology' (Appendix 1, p. 147). While this was a proposition held in the art text, the research maintains that pain is never outside the relation, it always exists among and between sentient things, bodies, and other matter.

are noticeable events, percepts and affects are not; they can be experienced only in an abundance, through the passive syntheses. To (passively) select and compose sensations out of these intensive aspects (percepts and affects), there must be a certain force, Habib Engqvist and Hjertström Lappalainen claim, that possesses this ability. The authors refer to this force as the *subject of Art* itself (2018, pp. 84-88), arguing that passivity is an intrinsic part of the artistic 'thinking' that accompanies and conditions any artistic activity (and inactivity), as well as the artworks that are produced. If there is a foundational passivity in the subject of art, this enables the assertion made by Habib Engqvist and Hjertström Lappalainen that vital passivity is a precondition for production in contemporary arts practice. The conclusion has bearing not only on art but on other aspects of life and knowledge production, both doxastic (popular, cultural) and epistemic (scientific) knowledge. In addition, the reception of art, as much as artmaking, the authors claim, is a sensory, perceptual event that requires a certain degree of passivity (Habib Engqvist and Hjertström Lappalainen, 2018, p. 17). Passivity perceived as a vital force is *of* life, but of a life that does not act, the authors conclude (Habib Engqvist and Hjertström Lappalainen, 2018, p. 101), as it does not serve as its own cause (*causa sui*), and it does not produce active affects. In acknowledging a dormant force in the life of suffering, this research approaches the other body in pain by grasping not its essence but its *presentational* mode of Being (its expressions, extensions, ideas, and becomings). While undoubtedly a difficult task, what is attempted in the proposed motif pain-as-site is the temporary establishment of a zone for sharing pain in the sphere of art.

Parallel with a destigmatising and normalising of chronic pain syndromes with unclear genesis, recent years have seen a somewhat increased interest in bodily pain as something other than merely a world-destroying, life-negating phenomenon as it has been contextualized in relation to making as a cultural practice. This applies across the fields of contemporary arts practice and critical theory. By alluding to the course of events and forms of time of bodily pain and illness, one can, suggested quite ingeniously by Deleuze and Guattari in their joint works (Deleuze and Guattari, 2004, 2009), adopt modes of suffering and clinical characteristics as models for resistance in and beyond the practice of art.²⁷ These allusions may serve as tools in

²⁷ I.e. as a notional self-forming practice. Note that rather than advocating an elevation and glorification of personal suffering and illness, this research supports the suggestion that bodies in pain might offer models for breaking loose from

contemporary arts practice to perform complex problems of social, economic, and geopolitical nature. Imperceptible pathogenetic processes found in autoimmune diseases, for example, have proven to be productive vehicles for elucidating human conflict, as seen in the lecture performance *Precarious Lives* (2014) by Sophie Lebech, and the video work *Blood Run* (2012) by Amanda Newall and Ola Johansson. In these cases, illness tropes do not turn into pain-effacing instruments as much as they grant abstract concepts like ‘territorial conflict’ or ‘deregulated capital’ an agency and a body through the transference of active affects of rampaging antibodies or lymphocytes, intangible microorganisms that act on clinically healthy tissue. By factoring in a passive vitality of pre-cognitive pain relations, an illness process might serve as, to invoke Brian Massumi’s 2002 title, ‘parables for the virtual.’ While pre-cognate levels of a life of pain in these examples turn into symbols of an *accelerationist* strategy (MacKay and Avanesian, 2014), the method does not, however, acknowledge pain for itself.

This research attests that affirmative approaches to pain in the contemporary arts context are less frequent and, when negotiated, for obvious reasons are more opaque and suggestive than their theoretical counter-parts. That the body in chronic pain poses a challenge to a putative universal subject position has also been recognised by this research, substantiated by contemporary theories of new materialism, post-phenomenology, and existential theory (Deleuze and Guattari, 2004; Braidotti, 2008; Arsic and Lambert, 2005; Sigurdson, 2019). To conclude this section, it is therefore pertinent to mention the practice of the contemporary performance artist and writer Johanna Hedva. In their pamphlets (*In Defense of De-persons*, 2016), talks (*My Body is a Prison of Pain so I Want to Leave It Like a Mystic But I Also Love It & Want it to Matter Politically*, 2015), non-verbal, suggestive performances (*Sick Witch*, 2016), writings and publications (*Sick Woman Theory*, 2016, *Letter to a Young Doctor*, 2016), Hedva is arguing for a new subject position founded on a constitutive vulnerability. This is a position that could be taken on in an act of resistance by everyone who does not identify as, nor is cared for in the same capacity as, the universal subject (i.e. a ‘white, straight, healthy, neurotypical, upper- and middle class, cis- and abled-

not only the subject ‘I,’ but from rigid structures that might obstruct and prevent oneself from becoming precisely that ‘better’ body that I, and no one else, has the potential to become. All art projects submitted with this research pay attention to a body in pain which, due to its ontological specificity, has become a threat to the optimization-obsessed times we live in, and, as such, must be kept in check with different measures and austerities.

bodied man,' Hedva, 2015, internet). Their theory-manifesto *Sick Woman Theory* is written for everyone who, like Hedva, has to encounter pain and fragility on a daily basis, in a world organised to render the vulnerable body's existence impossible. Promoting a non-legislating approach to world-making activities, a constitutive vulnerability speaks directly to this research's approach to reality which it perceives as given to us through sensibility. It is in light of a foundational sensibility that this research approaches the effects of an increased inter-embodied sensitivity, in the artist's capacity as sensitized, 'wounded storyteller' (Frank, 1995), and in the practices of inter-personal pain relations retrieved from the archive.

May and The Potentiality of Pain



Figure 2

I am a PhD student at the University of Cumbria with an interest in the suffragette archives, and in particular the autobiographical accounts of the prison hunger strikes and the subsequent force-feeding. My PhD project investigates through artistic practice relational and micro-political aspects of pain through bodily practices,

historical as well as contemporary. While browsing through the Medical Archives and Manuscript surveys I came across the Rosa May Billinghurst archive, ref 7RMB, and her accounts on imprisonment and experience of performing the hunger strike. I will travel to London on 11-13 Dec and I wonder if I can visit The Women's Library to read through these files and possibly also document them in some form?

(email sent from myself to the Women's Library at the London School of Economics [LSE] on 21 November 2013).

As the first discrete art project in this body of research, *May and the Potentiality of Pain* set in motion my over-arching intention to explore what an ethical account of the pain of others could amount to, and how such an attempt might be constructed via counter-scripting strategies; I wished to develop an experimental art writing practice and performing art texts that could convey and (re-)present the affecting archive. Counter-scripting strategies were also explored, following the research's proposition that there is a subversive potential in a life of suffering chronic pain, injury, or any form of sensitisation of the body. Concurrently, counter-scripting attempts were motivated by a will to reappraise and radicalise the image of thought of pain.

The argument that the body in chronic pain would be more conducive to resisting, and transforming and/or overthrowing the status quo and state of affairs was explored through engagements with the British Suffragette archives held at *the Women's Library* at LSE in London. I found the archives by searching through the *Medical Archives and Manuscripts Survey* (MAMS).²⁸ In the main digitised catalogue at the Women's Library, I encountered the files of May Rosa Billinghurst. Billinghurst was a radicalised suffragist who, according to news articles of the time, was known as the 'crippled' suffragist. She took to the streets of London in a wheelchair, as she was partially paralyzed from the effects of childhood polio. These files contained detailed information and accounts of her hunger striking practices in Holloway prison, where she and other militant suffragettes were incarcerated. The Billinghurst archives described May as an avid member of the *Women's Social and Political Union* (WSPU), and who in 1913 was sentenced to eight months imprisonment for her participation

²⁸ MAMS is an extensive online resource which lists all medical and health recorded records from 1600-1945 held in the greater London area. It can be accessed via the Wellcome Library at <https://wellcomelibrary.org/content/documents/medical-archives-and-manuscripts-survey.pdf>.

in a pillar box raid. Putting small explosives in pillar boxes was a militant strategy in the campaign for women's suffrage in Britain. Newspaper articles covering the trial indicate that May was advised against resorting to hunger strike tactics due to a weak composition and presumed disability. While all imprisoned suffragettes were advised against hunger strike tactics on the grounds that they would cause suffering not only to themselves but, more importantly, to the prison guards and doctors whose role it was to implement the directive of force-feeding from the government, May was found to be at an added risk due to her atypical physical constitution. This research found the categorical medicalisation and belittling of May's bodily capacities to stand in stark contrast to the robust nature of her hunger striking body as discussed in her own writings and the documentation of her life-long acquaintance with pain. The discrepancies between the public media image of her politicised, medicalised body and the private writings documenting her actual life of pain, were compelling and thought-provoking. The conviction about affect and intensity that has accompanied my research from the outset, the idea that specific experiences of pain, while making us more susceptible to illness and disease on the level of the body, simultaneously prepare us for hardship and struggle, was reinforced. The imprisonment, hunger strike, and subsequent force-feeding of the militant British suffragettes seemed to provide a suitable framework for my inquiry which would proceed by developing artistic archival practices and affecting/affective engagements, including speculative, suggestive reading and writing.

RECORDED & INDEXED LONDON
London. 22nd January 1913.
E.C.

S.S.

Dear Miss Billinghamurst,

I rejoice to hear of your freedom, and sincerely trust that you are not feeling too much the results of your bitter experience.. I took care to let the Prison Commissioners know about your treatment. *By letter to Mr. Basil Thomson*

I hope you will let me have a line sometime so that I may know how you are getting on.

Yours sincerely,
Arthur & W Marshall.

Figure 3

I visited the Rosa May Billinghurst archives on two occasions, six months apart. Parallel to these visits, I created a manuscript from selected material, written and revised in parallel with a close reading of the entire documentation. I styled the text as a speculative fiction, consisting of material retrieved from the archives in the form of trial procedures, newspaper clippings, prison diaries, private correspondences, and pleas. This material was adapted, interspersed with, and contrasted with theoretical discourses, i.e. my own propositions on the body in chronic pain. In the manuscript for the art text, the reader finds themselves inside the space of Holloway Prison in 1913. They follow in the footsteps of May, into the enclosed space of a prison cell. A confessional description of the hunger strike process follows, an explicit blow-by-blow account of the effects of hunger on the body and the relationship between the prisoner, the prison guards, and the doctor whose job it is to force-feed the hunger striker. The core content of the art text comprised writings adapted from prison diaries and an ample correspondence between inmates and their families, allies and friends outside the prison. In the art text, subsequent to the witness of pain, a theoretical and suggestive discussion followed. The discussion was interspersed with passages of poetic features and literary references (such as characters, surreal motifs, and tropes from Lewis Carroll's *Alice in Wonderland*).

May and the Potentiality of Pain was the first of the three projects to elaborate and dwell on the notion of what in this research, I call affecting archives. Throughout the project, it was important to me to allow the archival practices to take their time. The garnering process belongs to artistic archival practice and enlists a range of research activities: from prefacing instruments such as vast online searches, correspondences with library staff and archivists, to the immersion in physical archives, libraries and depositaries. It entails the exposure to a wide range of 'texts' in these repositories: folklore, personal and prison diaries, case files and patient records, medical graphs and statistics, annual reports, private and official mail correspondences, newspaper clippings, blueprints, photographs, posters, flyers, memorabilia, and more. Needless to say, there is a certain slowness and patience intrinsic to archival research. In the encounter with the material content of an archive, I try to attend to the heterogeneous flow of information in the same manner as I would to any other artistic

material.²⁹ However, the garnering process involved in the selection of raw material is a particularly charged moment in the making of the artwork. It is characterised by a virtual redundancy of affect of the moving archive, which must be greeted by the indiscriminate attitude of passive selection, i.e. the hibernating work of the artistic valuing process.

The tradition of thinking affect analytically, which this research explores, deploys the being of the sensible as feelers of reality, preceding, co-existing with, and exceeding the phenomenal body.³⁰ As a reader-researcher, one must be fully engrossed in a specific affective milieu – whilst also being aware of, and possibly drawing from, the fact that there is no such thing as living the pain of a historical witness without giving in to affective and/or anachronistic readings. A certain type of *historical mania* (discussed in a study by Sara Edenheim, 2011) can nevertheless be useful as an artistic device in contemporary arts practice (e.g. Gillick, Prouvost). For one, suggestive readings of past events enable an engineering of pain intensities in ways that challenge a diagnostic logic and distanced readings, and thereby also a supervening logic of historical reasoning. The latter might indeed pose a greater threat to past as well as future ‘texts’ as it is often charged with a certain degree of self-righteousness in relation to a historical past.

For me as composer-writer, the moments of anachronistic and speculative co-suffering are crucial because they contribute a deeper inter-embodied connection with the material, and allow for an intensive thinking coextensive with conscious thought. Living the affects and subsequent passions of a historical material can be intense and compelling. The way the material I encountered in the suffragette archive unfolded was an event exclusive to my body-self. As much as the artistic researcher must be cautious about violating the ‘truth’ of the other; of that some-*body* to which a specific pain experience encountered in the archive ultimately belongs, this research also acknowledges the weight of one’s own embodiment as the instrument through which both artist-researcher and audience relate and respond to the encountered witnesses and stories. Anyone who has suffered life-altering pain indeed knows that suffering engenders stories, both subterranean, murmuring, pre-personal stories, as

²⁹ For a more comprehensive image of the genealogy of the garnering methodology through its germination in pre-doctoral works, see Appendix 4.

³⁰ In her illuminating book on Spinoza and his Ethics, Fredrika Spindler writes: ‘affectivity is the filter through which we can grasp the worldview of Spinoza. [...] Extension and thought are part of a complex relationship of cause and effect where thinking and doing occur simultaneously’ (Spindler, 2009, p. 51, my translation).

well as loud, obstreperous cries, manifestations and enunciations.³¹ To stand by and watch or hear about the pain of others also engenders feelings of empathy, conflict, dejection, sorrow, even doubt. The selection process that accompanies the reading and encounters with a wide range of source material, as is evident here, thus hinges on an individually calibrated affectivity.

May and the Potentiality of Pain was not my first attempt to rewrite and reroute pain away from reductive images of thought. A vocabulary for writing the pain of others was attempted in projects and studies preceding this research (Willenfelt, 2010-2012, 2010a, 2010b, see Appendix 4). It was, however, the first time in my artistic practice that a stand-alone piece of writing, uninflected by other material than text, was scrutinized and regarded as a gesture significant enough to amount to an artwork in its own right. The adaptation of the term art text to denote the content conjured up and performed by way of counter-scripting methods is thus a mindful strategy to acknowledge writing as a legitimate form of fine and visual contemporary arts practice. Needless to say, there is a crucial distinction made between writing *about* art and writing *as* contemporary arts practice. *Art Writing* (Fusco et al, 2011) emerged as a practice in the late noughties and has been described as an investigative, experimental form of writing which unmakes the boundaries between visual arts, literary composition, criticism, and prose. Sitting on the boundary between contemporary fine art and literary composition, art writing mobilises its practice through critical and philosophical writing (e.g. Gillick, 2009, Fusco, 2017) presenting its works as readily in an art space, white cube or public space, as on the space of a page. In *How Hard It Is To Die: Artist's Novels* (2010), Maria Fusco argues that the art novel '...is a critical document, in that it has the ability to sit within dialogical rather than dialectical page-space' (Fusco, 2010, internet). The idea of creating a dialogical page-space for the exchange of affective material speaks directly to my attempts to facilitate a space for the syntheitisation of reality (the coming into being of ideas, thoughts, and perceptions) that is not conditioned on binary, competing ideas of thinking difference.

³¹ Writing from his own personal experience of life-changing illness, in *The Wounded Storyteller* (1995) sociologist Arthur W. Frank conveys with cogent lucidity how long-term pain and illness calls for stories, for a close reading of one's body-self. Note also that when the word 'enunciation' is used as an operative term in this research, i.e. as an integral part of the counter-scripting methodology, it is referring to the performativity of pain practices, to what assemblages of pain do on the level of presentation. The assemblages of expressions that counter-scripting interferes with and reshapes always include aspects of material things: bodies, their compositions, interrelations, and affections.

While this research is influenced by the tradition of art writing and specific aspects of artists' writing as contemporary art, it develops its own unique set of concepts and methodological tools for writing in contemporary fine arts practice. One way this research distinguishes itself in its approach to the 'problem' of pain, not only from other fields of knowledge but from other artistic renditions of pain, is by its use of *hypothetical parallelisms* as practical art writing strategies *and* as reflective tools threading through practice. Hypothetical parallelism is a term used by George Stemmrich (2001) to describe a reality engendered by art writing strategies, a virtual reality of sorts that conjures up superimpositions of events: present, past, and potential narratives. The art text of *May and the Potentiality* was a speculative, suggestive piece of writing, where bodies of voices, statements, fictions, academic and non-academic journaling and note-taking were conflated into a set of propositions emphasising the disparity rather than the unity of a life of pain. The speculative structures of 'what if?' and 'whose voice?' in the writing facilitated an affective range for the text, which did not actively synthesise or reconcile its material, but allowed it to rub off (and onto) the friction and force of the relation, creating new and forking relations, welcoming new associations and possibilities. Notably, the art text of *May and the Potentiality of Pain* does not pertain to a main historical event (gaining women's suffrage) in a historical revisionist sense, but to a moment in time that precedes, is peripheral or parallel to the event. Rather than allowing the writing to sublimate discrete lives of pain into something larger, pain affects are literally scattered across the page-space, resisting homogenisation, unity, even purpose. The art text refers to an undetermined moment, in part devoid of discourse and experience. In this respect, a hypothetical parallelism of art writing practices might truly conjure up the potential of a moving archive, to a time of a Deleuzian 'pure past' (Deleuze, 2004, pp. 126-127), a past that was never actually present. While hypothetical parallelism is not a literary device exclusive to art writing (just as intertextuality is not a device exclusive to literary composition) it can be argued that speculative structures and virtual realities negotiated within a dialogical page-space bring about an opportunity for the dismantling of the stable self and the rigidity of the ego, offering more porous and affective positions, forms and moments of transition. The embedded perspective, the speculative structure ('what if', 'whose voice?'), and the interruptive *in medias res* style of framing the narrative of the art

text of *May and the Potentiality of Pain* were all helpful devices for rethinking pain relations and shaping an ethical practice of pain.

It is the strangest thing; a whole society bodily being put into prison. It is quite the event, and so lovely to be living at the epicentre of the earth.

[...]

*Moral fantasies: We are the common. Although we do not count — we **are** common sense, a unity, we are family, one corpus.*

(*May and the Potentiality of Pain* manuscript, 2015, p. 7)

[...]

Having identified myself properly, I descend a flight of stairs. On the basement floor, I find people half-lying, half-standing. They all seem absorbed in worlds I cannot access; ‘the subterranean spaces, the lairs, the tunnels, the explosions, the falls, the monsters, the food, even those things that come from above or lurk above, like the Cheshire cat.’ No one is paying any attention to me.

(*May and the Potentiality of Pain* manuscript, 2015, p. 2)



Figure 4



Figure 5



Figure 6

The first manifestation of the work was as an artistic montage essay published in the Swedish art periodical *Paletten* (No 2, 2014). This version, in Swedish called *May och smärta utan smärtan*, was presented as a work in progress – as a sketch of the ongoing engagement with the Billinghurst archives. Concurrent with the publication of the essay in the magazine, the text was expanded with new material and restyled into a paper performed at the interdisciplinary *London Conference in Critical Thought* (LCCT) at Goldsmiths College in London, in June 2014. A second iteration of the work was also presented at the annual *Doctoral Colloquium* at the University of Cumbria in July 2014. The paper presentation had added theoretical reflections encircling and further inflecting the art text, and the performance was accompanied by a slide show of still images.

Thereafter, effort was put into calibrating the tension between philosophical propositions, literary composition, and concrete poetry within the manuscript to stop the work from relying so heavily on theoretical context. Greater emphasis was placed on artistic procedures and a logic of sensation, to counter-balance the systematic reasoning of established forms of creating knowledge within non-artistic fields, a knowledge which was indeed also alluded to and appropriated in the work. The shift in emphasis more clearly separated the para-text of

the work, i.e. the academic setting of the seminar and conference, from the art text, making the boundaries between these types of 'texts' less ambiguous. The revisions also brought about a greater tension between the art text and the power-point presentation, delivering these elements as a compound collage. Following a test reading of the art text to a small audience at a research seminar at the University of Cumbria in March 2015, the piece was subjected to further revisions, and thereafter staged and performed for documentation on video. An illustrated manuscript of the 2015 version of the work can be found in Appendix 1 of this thesis.

In the very first version of the work, a published essay, no images were included (apart from a few images of the interior of the artist's studio, as if conveying the writing in progress). The intention with the art text for *May and the Potentiality of Pain*, which also permeates the entire body of work presented with this research, was to embed the reader or audience in an affecting/affective virtual world, a landscape of their own making. In the reading and lecture presentations that ensued, slide show images were included in the performances. The use of both text and accompanying images was not intended to illustrate a written-down experience or account of a historical event, but to affectively open the reader up to alternative narratives of what the body in pain might be able to do.

Taking a closer look at the composition of the work, what distinguished *May and the Potentiality of Pain* from the subsequent works of the inquiry, was its tendency to emphasise the contextual side of things, not providing full evidence of the transformative powers of the methods and criteria specific to the research's art base. This does not mean that artistic methods and counter-scripting techniques were not enthusiastically undertaken, tested, and evaluated to be effective, only that the project failed in some respects to deliver the art text as a complete embedded and performed work. In addition to its allusions to artistic genres with specific connotations of history, place, and site, such as montage in film (e.g. Sergei Eisenstein, Jean-Luc Godard, Barbara Hammer) and the collage (e.g. Kurt Schwitters, the Arts and Language movement, Kara Walker), the modulation of the art text in *May and the Potentiality of Pain* manifested as a confluence of artistic sketch and academic working paper. What perhaps was unfortunate was that the allusion to the learning environment as part of the artwork's setting was lost on the conference audience. The public setting (the

stage, lecture room, or museum) are often integral parts and establishing elements of the *performance lecture*, a subgenre of performance art (Fraser, 1989; Backström, 2017; Bünger, 2017-2018; Lebech, 2014) and a tradition with which this research intersects. Another missed opportunity was that the text within the conference presentations was not sufficiently coded as a piece of art distinct from the theoretical context within which it sat. Even though these pieces of writing and the shift in tone and style they brought about were presented as specific tools for probing issues discussed in the paper, audience responses to these presentations as works of art were sparse. In later, reworked attempts (Willenfelt, 2014b, 2015a), the project was set up as a work of art to be presented in print or staged and recorded as a lecture performance, deliberately shot in a more conducive setting (an auditorium).

The purpose of this first attempt to render the body in pain as an ethical practice of relations through artistic practice was not merely to conduct a critique of appropriative gestures of a dominant culture in relation to the body in pain. Rather it sought to critically redirect the gaze towards the artistic field itself and its current technologies and methods of garnering and processing the pain of others as artistic material. The perennial dilemma that emerges when bringing up the phenomenon of pain, in any context, is how to bridge the gaps between self and other. The restriction and exclusiveness of perception to one's own embodiment separates bodies, making the lived experiences of others difficult to comprehend. As discussed in contemporary cultural studies (Ahmed, 2002), the pain of the other is a reality I cannot live. In the wake of a progressively increasing postcolonial critique, self-reflexive, restorative, and conciliatory gestures are today mandatory for historical and art institutions and their collections. However, in order for these actors to avoid reproducing the same violence they attempt to atone for, it is crucial, this research claims, that any self-critical investigation into former relations of power takes an immanent approach to bodies and their cultures. Within this scope, 'unethical' practices do not refer to what a society agrees on as morally reprehensible, but to exercises of relations that violate, transcend, and appropriate other bodies, even when these exercises and actions have good intentions.³²

³² The Brechtian notion of *crude empathy* or *sentimental identification* pinpoints the problem in observing the pain of others (Bennett, 2005, p. 10). There is always an imminent risk that one deals with a pain that one cannot feel according to the model of a pain one does feel or know as one's own, thus taking one's own experience as a starting point. The ramifications of sentimental identification are very likely to include the reduction of individual pain to a homogeneous,

While pain and its relations are approached as an immanent system where ethical practices precede and permeate an interpersonal life qua fellow human beings, this research nonetheless lays great weight on the individual ability of cognitive empathy. The research endorses that respect for the sufferer's reality does not merely and reductively make oneself a 'good' human being, but, more importantly, it has benevolent effects on our pre-personal, affective lives, which are not necessarily based on regulations of conventional pain scripts,³³ but on a heightened awareness and vulnerability to feel and become with our sensations. Accordingly, trust, vulnerability, and response-*ability* (Barad, 2012, p 212) were necessary elements for me to establish through my practice, to enable new modes of thinking through and practicing pain relations.

Secondly, the aim of *May and the Potentiality of Pain* was to identify through affective reading and a corresponding speculative writing practice singular bodies in pain in their function as transformative vectors. Counter-scripting strategies were deployed to identify and contour the body in chronic pain as the 'exceptional one' (Willenfelt, 2015b, p. 4). The conception that the body in chronic pain owns a specific power (an affirmative power: *potentia*), that this research proposes, is due to their specific inter-embodiments. Certain bodies in pain, it suggests, might resist representational and reductive tropes, striving instead – often by necessity – to persevere in a mode of being that is subversive in and of itself. This conclusion rests on the premises that 1, there is a conventional, social script for performing pain,³⁴ and 2, bodies in chronic pain possess an ontological specificity. Within a conventional social script of pain, the hurting body is expected to recreate its world, to regain its normal functions and return to health (most clearly regulated through a measurable working life). For the body in chronic pain, however, the premise is different. For

accessible emotional convention. Susan Sontag, amongst others, has paid detailed attention to the problem of observing and reporting on the pain of others (Sontag, 1990, 2004).

³³ This research acknowledges the burden of hurt feelings, added to existing pains, arising from an alienation from a society that organises its material culture according to a conventional script and a logic informed by what Robert McRuer calls a *compulsory abledbodiedness* (McRuer, 2006, pp. 8-9). Non-normative bodies, while always excluded, will continue to define what the abledbodied ideally can do.

³⁴ With every instance of pain in daily life, irrespective of the context, a script or code of conduct, follows. Conventional practices of pain are not only cultural constructs deeply rooted in a specific medical or scientific paradigm but, this research advocates, they invoke Foucault's archaeology of knowledge, and are indeed inseparable from the very condition of possibility that serves as a ground for any discourse of knowledge (Foucault, 2002). According to Wittgenstein, a child learns new pain behaviour from their parents who teach the child to replace the expression of pain, ordinarily crying, with language (Wittgenstein, 1967, p. 89, §244). Yet, these bodily demonstrations and order-words of language are only part of a greater epistemological ethos that includes assumptions so fundamental to the effectuation of the conventional script of pain that they are empirically opaque to the participants and in addition constituents of the same script.

those who suffer chronic pain, life is repeatedly interrupted, and, according to Scarry's thesis, their world therefore needs to be remade over and over again.³⁵ Looking at this strife from the level of intensity, sensation conducts its reasoning by way of self-differing intensity, in Deleuzian lingo also 'being of the sensible,'³⁶ a power which strikes the individual body in consecutive yet singular blows, thereby *forcing* it to act and think. That embodied thinking is conditioned by a pre-personal sense is true of all sentient bodies. However, the body in pain also perseveres in said sensuous discord, only to a much greater extent, and hence is forced to form other abilities and strategies for persevering in an incessant affective unrest.

Accordingly, what aroused an interest in Billingham's life story, was not merely her fearless performance in the streets and in court but, significantly, the patience with which she suffered both self-starvation and force-feeding. This patience, the research suggests, has closer affinities with the endurance of long-term pain and suffering, of illness and patienthood, of perseverance in pain, than with the invocation of stoic calm.³⁷ Patience, this work asserts, is an embodied capacity for specific – and certainly differentiating – forms of tolerance, which the sufferer accrues from the experience of long-term duress. Unceasing pain forces the sufferer to develop new strategies and tap into other forms of bodily intensities and modes of being that equip them with an ability to initiate creative transformations of pain while still sustaining life.³⁸

The writing and remix of the selected files and texts, which followed the initial encounter with the material in the suffragette May Billingham archive, sought to explore a notional deployment of pain as a micro-political mode of resistance. Accordingly, the first tentative steps of this research focused on the endurance of self-starvation and inflicted pain as an accelerated strategy of resistance, enabled by the experience of existing and/or pre-existing

³⁵ The discrepancy of a conventional script of pain and bodies in chronic pain has previously been discussed in Emma Sheppard's article *Using Pain, Living with Pain* published in *Feminist Review*, pp. 54-69, 2018.

³⁶ Note that the being of the sensible does not equal a sensible being, and certainly not a sentimental being, but is a measure of an individual being's unique and ever-changing, relational affectivity, i.e. the way in which it affects and is affected. An immeasurable quantity, the being of the sensible can be interchanged with the more technical term difference in intensity (Deleuze, 2004, p. 176).

³⁷ Accordingly, an intensive dimension of pain is concerned with an increased sensibility and is predicated on the thesis of passive affect as a vital part of life. It should therefore not be compared to stoicism as the endurance of pain without the display of suffering or affection (or the related philosophical notion of divine reason).

³⁸ As Rosi Braidotti acknowledges in *Nomadic Theory* (2011), it is those who have lived through pain, especially those who endure the discordance of a life in chronic pain, who have come to know themselves well enough to do away with an eternal recurrence of negative affect (Braidotti, 2011, pp. 821–850).

pain. The art text offered a distinct comparative reading between two divergent modes of approaching pain as an act of resistance. The text contrasted a Judaeo-Christian and consequently *moral* stance (a 'stoic-cum-religious' attitude) to suffering with an ethical life of pain, with May serving as an example of the latter. The art text suggested that by necessity, Billingham's script for managing additional pain distanced itself from otherwise dominant Judaeo-Christian scripts of suffering that were performed among the imprisoned suffragettes. While active in their practices of self-sacrifice and self-neglect, the bodies that followed a Judaeo-Christian script nevertheless, it is proposed, still manifested and performed a negative image of pain. The suffering of the hunger strike practices and the subsequent force-feedings might have taken centre stage in the official script of the suffragettes' resistance practices – to the degree that they served as incentives for the artwork *May and the Potentiality of Pain*. However, counter-scripting, as a novel and experimental strategy, was put to the test in this maiden work constructing an analytical, affective assemblage which takes interpretative, speculative precedence over historicized actualisations and representations of what happened. The suggestive structure of the art text *May and the Potentiality of Pain* was an attempt to argue that long-term suffering not only is a sensory quality worth granting attention; a life of pain might also, it is suggested, recalibrate values present in human cultures.

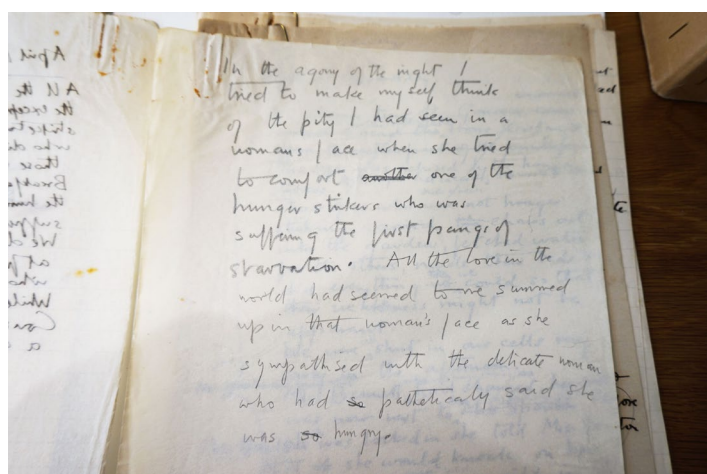


Figure 7

On entering the prison on Thursday Jan. 9th
I refused to take the supper provided - the
next morning my fellow prisoner managed to
get rid of my breakfast for me - I was not
so lucky in finding an opportunity of hiding my
dinner & the wardress came into my cell, looked
at my untouched dinner & asked me if I was on
hunger-strike - I admitted I was -
Then came 4 days fast ^{with} sickness, & headache
& pain (one night I fainted on the floor)
I drank as little water as possible & my
mouth was very parched
One ~~night~~ on the Saturday ^{night} Soon after our
women had sung to us outside the prison
gate, I felt ~~of~~ very dizzy & faint - I called
the wardress on duty but I could not make

Figure 8

Constituting the entire series of works of this study, most of the archival material whose affects I engaged with would never find its way into the art text, let alone an audience, reader, or receiver of other sorts taking part in ongoing reflections on the research process. Working in tandem with archival immersion of this kind and the writing and re-writing of the manuscript made it hard at times to allow the material to thrive and materialize in its function as an independent entity, away from my own personal experiences and

attachments to it. While this insight was somewhat confounding, I was not fully aware at the time that in fact the process was one of testing, trying, and exploring the gathering procedures of the affecting and moving archive, what this research would later come to acknowledge as an indispensable part in eliciting a shared space for being in common in pain within the sphere of art. The contention is that while *May and the Potentiality of Pain* was a project committed to exploring the power of affect for sharing pain, it failed in some respects to deliver on this note in performing and conjuring up a notionally shared site for pain. Performing pain-as-site would later come to be understood as a more accurate mode of counter-scripting the pain of the other while also keeping with the ethos of the research to perform an ethical practice of pain relations. These relations must be immanent to the performance of the work, and the audience an actualising factor of the work, and it is the assertion of this research that a proposed pain-as-site, which surfaced as a concept late in this research process, more accurately succeeds in delivering on this promise.

Thus, as the first project in a series of three attempts, *May and the Potentiality of Pain* in some respects remained at the level of a sketch, staying true to the etymology of the word 'essay' as an attempt.³⁹ The paper presentation *What Can the Body in Pain Do, An Artistic Interrogation into the Body in Pain as an Ethical Practice of Pain Relations*, designed as an academic paper rather than an artwork,⁴⁰ was the final engagement with this archival material. After my presentation at the *Re-engaging Elaine Scarry's The Body in Pain* conference in Brighton in December of 2015, two years after my first visit to the Women's Library, I left this work to proceed with new projects. Insights and knowledge obtained from the work with *May and the Potentiality of Pain* carried over into new projects, including the significance of affecting archival activities for eliciting and engaging the being of the sensible. Additionally, while media techniques used to perform it might allude to established forms of presenting knowledge (a collage-style power point presentation, a conference paper, a published text), the modulation of a proposed art text must correspond to or reconfigure a

³⁹ The essay as a mode of writing is revisited throughout the art projects of the research, inflected by the different choices of media. More frequently, however, this report will be referring to the 'art text' which has been established as the materialisation of the manuscript of an artwork. In the printed, Swedish version of *May and the Potentiality of Pain* ('May och smärta utan smärtan', 2014), the essay was regarded an artistic montage due to the context it was performed in, sharing space with critical editorials, essay length art reviews, interviews and Q&A.

⁴⁰ The paper was presented as 'a block of ideas and artistic gestures, partly styled as a speculative fiction' (Willenfelt, 2015b, p. 1) occupying the borderland between performance, reading, and reflective analysis. The paper was also styled as a response to Elaine Scarry's thesis on pain.

sensibility which, although always already there, must be attended to, created, and emphasised. These interrelated outcomes would be elaborated in the working out of the modal logic and aesthetics of a tentative pain-as-site. Although *May and the Potentiality of Pain* in some ways could be read as a failed attempt or a missed opportunity as a performance artwork, the affective readings and the many subtly shifting iterations and mediations of these intertextual encounters assisted in carving out a vocabulary for counter-scripting the pain of others in the subsequent projects. The significance of *May and the Potentiality of Pain* for this research therefore cannot be overestimated.

It's Always Three O'Clock in the Morning⁴¹



Figure 9

⁴¹ The text- and video essay can be viewed online at <https://vimeo.com/160361381>.

It's Always Three O'Clock in the Morning counter-scripts the life of Margery Kempe (ca 1373-1438), a self-announced mystic and chronic pain sufferer. The intention for the work was to delve deeper into the processes of living with seemingly meaningless chronic pain, i.e. pain related to central sensitisation and non-acute pain pertaining to trauma, and further elaborate counter-scripting strategies for optimizing an affective exchange between art text and audience, as well as the related notion of conveying an affirmative image of thought of pain. *It's Always Three O'Clock in the Morning* can in this respect be regarded as a transitional work between the pilot project *May and the Potentiality of Pain* (2014-2015) and *Gibraltar, A Walk with Disturbance* (2017).



Figure 10

It's Always Three O'clock in the Morning explores the female mystic's body as a vehicle for understanding the moment of crisis, the limit experience that pain brings into focus in human life. It tests the chronically hurting body's potential for emancipation as an ethical instance of the moment of crisis, i.e. a transformation of the subject (see Braidotti, 2010, on *transformative ethics*, pp. 781-850), but also the body's patience with the hardships that an

ethical approach to a life of pain presents. The work is an interrogation into a model of an ethical practice of pain, co-extensive with a critique of conventional scripts of pain and powers whose interests lie in maintaining these more accepted conventions. The filmic material gathered for this work consists of discrete stories, soundscapes, and footage of two different landscapes: a forest and an urban landscape. The editing, which conflates textual, visual, and audial material into a moving time-image of colour, saturation, and sound, creates a suggestive, intimate milieu to engage the audience. Made with the gallery space in mind, *It's Always Three O'Clock in the Morning* was initially presented as an integral part of a solo exhibition at RAKE visningsrom in Trondheim. The work has since been screened in artist presentation contexts, including the *Skogen* centre for contemporary performance art in Gothenburg in 2017. The close reading of the work in this text refers mainly to its original instalment at RAKE visningsrom. The gallery space consisted of a narrow rectangular white cube with a wooden floor. On one of the long sides of the room, the work was installed as a projection in the shape of a mid-sized painting. The video was on a loop and at an agreeable length (8:14 min) which encouraged most of the visitors on the opening night to stay to watch the work in its entirety.

In *It's Always Three O'Clock in the Morning*, the perspective is warped. The viewer is not sure if they are witnessing something from inside or outside. A non-linear narrative describes episodes of pain where the life of pain sometimes emerges as a being of its own. Visually one is walking through a brushy forest laden with snow while subtitles are describing a suffering woman, a creature suffering 'like a woman in labour.' Later on in the video the perspective changes into a first person narrator describing a woman's bodily condition and its consequences. Pain separates the narrative perspective from the world but pain also recreates it. The narrator is both self and other in the sense that the pain possesses her but the pain is at the same time separated from the idea of her. It becomes something to tap into: an escape route or a tool.

(Excerpt from the exhibition text written by co-curator Lisa Stålspets, Norway, 2016)

The text and video essay *It's Always Three O'Clock in the Morning* can be divided into four parts, scenes, or chapters. The first part is dominated by text. Short, disrupted sentences,

projected on a pinkish background succeed one another, shifted by a serial dissolve effect. The fragmented text describes the presence of a woman in pain. It evaluates her performance of it. The point of view of the sender of the text is distant and suggestive of a privileged position. The voice is authoritative and clearly annoyed with the woman's violent, intrusive affects and her obdurate reluctance to calm herself down.



Figure 11



Figure 12

Preceding the sequence of text on the flat tinted surface, a set of still images is projected, appearing on the screen in rapid succession, one image following the next, with the motifs barely noticeable and possible to process first moments later. The cavalcade of images has an overall duration of only 12 seconds, but it transports the viewer from one place to another, across time and dogmas, presenting iconic samplers of historical perceptions and paradigms of pain (such as Christian motifs, pain allegories, and representations of a femininely coded suffering of the hysteric). From the sudden outburst of images of a canonized cultural iconography of pain, the viewer is then confronted with the flatness of the image and the terse statements emerging from the surface-depths⁴² of the movement-image. The language order of the hegemonic culture first appears inviolable, arguing against an embodied experience which attempts to stand on its own. The viewer is led to

⁴² The term 'surface depth' here invokes an artistic style and tradition of resisting the gaze of capitalist desire, an artistic strategy that focuses on the immediacy in the tension and intensity between the surface and depth of an image (e.g. Jean-Luc Godard, Francis Bacon). My approach to the surface-depths tension in *It's Always Three O'Clock in the Morning* can be attributed to a critical attempt to understand how the process of the creation of meaning in language (and ultimately a 'language of agency') surfaces in the first place. In addition, it raises the question of how one can devise a counter-image that will urge the audience to go beyond the cultural realm of the 'I,' that is to say, to think through another image of thought.

understand through the text that the physical and emotional ordeals of a common woman are of little interest to the prevailing, authoritative versions of historiography.

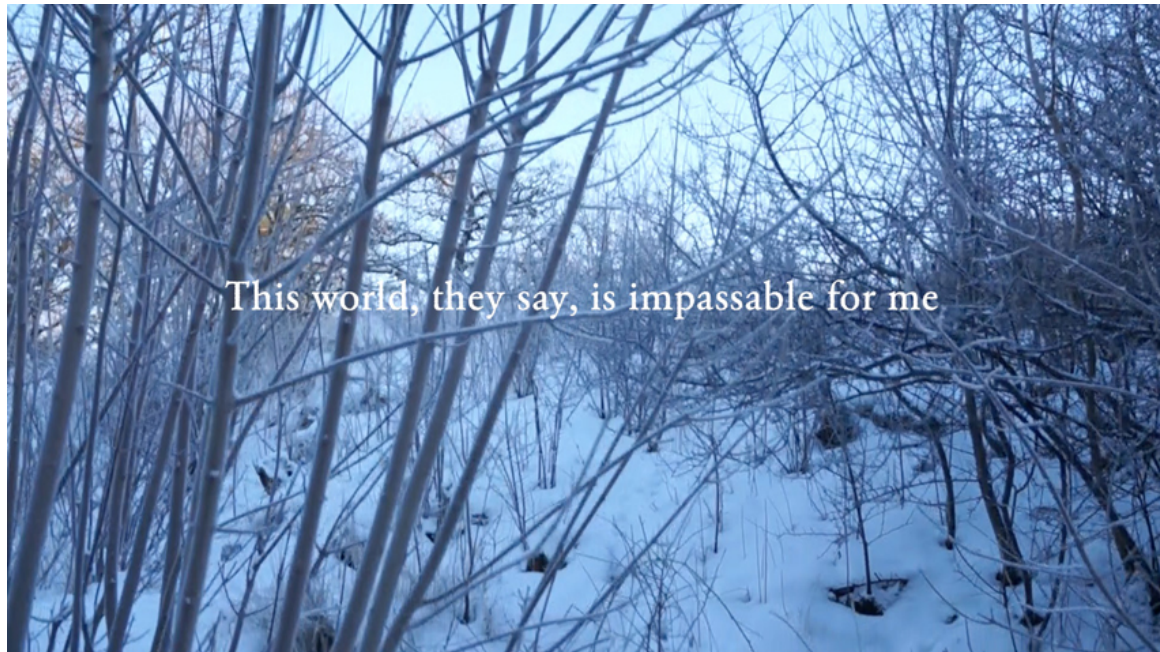


Figure 13, 14

Following Part I, the camera eye is now immersed in a wooded, snowy environment. A frozen forest landscape unfolds on the screen. The essay changes to a first-person point of view, in image and text, of a body moving strenuously and slowly through the snow-covered terrain. While the embodied gaze seems to be an integral part of the environment, there is friction. This is not a smooth walk. The audience now is exposed to the other 'space of the page'; the voice of the female who is following the rhythms of pain, tracing the outer limit of a room. The room has changed its dimensions. Unable to navigate the space the way others before her have learnt to do, she departs by necessity from the aporetic state of identifying with the common, that which is '...predicated on the universalising subject whom [she] cannot be' (Ahmed, 2015, internet). She must depart not only from attempting to attain universal subjectivity, but, more pressingly, from a universalising melancholy, from grieving what she never could attain other than as a 'failed' subject. Her sudden failure to respond to the insistence of the universal is not, however, a deliberate choice, an expression of a political notion, as much as it is predicated on the resistance of her body in pain to reassert, acknowledge and reproduce itself as a state of lack. Via her body's refusal to negate pain, life becomes something other, something more, it becomes *extra-being*.

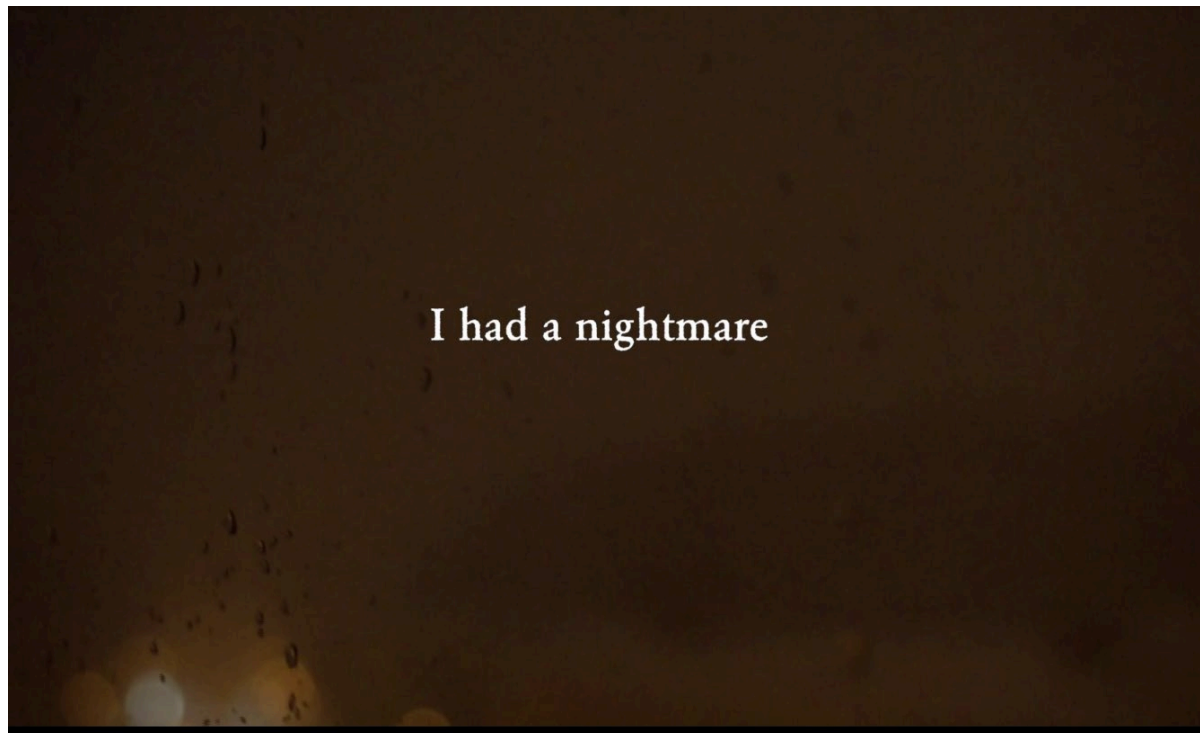




Figure 15, 16

Parts I and II of the text and video essay are followed in Parts III and IV by another personal witness from the first-person point of view. This narrative perspective tells about pain's timeframe, from its onset until its establishment as a chronic bodily event. As mentioned, although not revealed in the work itself, the third and fourth sets of texts are my own personal witnesses to a particular experience of pain, a pain which, similarly to Kempe's, entered life acutely, only to take root and remain, seemingly unbearably, long-term. The final image of *It's Always Three O'Clock in the Morning* is of an over-exposed nocturnal view of a neighborhood with mid-sized residential houses. The camera eye zooms into the centre of the image, into and above the roof tops. The light turns brighter. As the lens sinks into the white, the outlines that distinguish the buildings from the background fade away. Like a film frame stuck in a reel and burning in the projector, the image itself dissolves in bright light.

The title *It's Always Three O'Clock in the Morning* invokes the 'dark night of the soul' which was a theme in medieval theological, scholastic and poetic writing. Within the medieval

tradition, the dark night of the soul referred to spiritual and religious crises of the soul. It was a crucial test of one's belief. It was also a motif that described the painful and delicate separation of the vulnerable soul from its bodily habitation in the throes of death (John of the Cross,⁴³ *Dark Night of the Soul*, 1959). This artwork intended to render and explore a non-dualistic, profane interpretation of the dark night theme, and looked to address the crisis accompanying life-changing and trans-historic events, e.g. the establishment of chronic pain in one's life.⁴⁴ Additionally, it made structural analogies between ways that pain practices are relationally conceived and affected by the promises and pitfalls of different societal regimes of desire (theological, political, and economic orders that correspond to different technologies of power).⁴⁵ It looked particularly at the consequences of these relations for the female body in pain, and explored modes for subverting the effects of these negative practices by affirming rather than suppressing or stifling a pain that is undesired, viewed with suspicion or frowned upon.

It's Always Three O'Clock in the Morning is an adaptation of the writings of Margery Kempe, author of *The Book of Margery Kempe* (ca 1438). This book was the main source from which my material was garnered. Additional literature and feminist, scholarly research (Klages, 2008, Staley, 1994, Sigurdson, 2006) provided a cultural and historiographic context. According to these sources, Margery Kempe was a civilian living in the market town of Bishops Lynn (now King's Lynn) in medieval England. She was a merchant who ran several businesses, married with a growing family. *The Book of Margery Kempe* depicts herself as a woman actively engaging in pain practices (self-inflicted pain as well as pain deriving from illness). From Kempe's writing, it is possible to infer that she performed her pain as a set of repetitive, everyday self-forming practices. Rather than sublimating her pain experiences into moments of absorption into divine love, Kempe endured, affirmed, and devoted herself to pain and illness as earthly practices. Since her own body was not closed off from the social

⁴³ St. John of the Cross (1542-1591).

⁴⁴ The moment of crisis of the dark night of the soul has been appropriated in secular, modern literature, perhaps most notably by F. Scott Fitzgerald. In his novella *The Crack-Up* (1988, first published in 1936), a series of events take place leading up to an irreducible breakdown after which the conditions of life for the author will never again be the same. 'In a real dark night of the soul it is always three o'clock in the morning,' Fitzgerald famously writes in the 1936 essay.

⁴⁵ According to Miguel de Beistegui (2013), owing to Michel Foucault, a regime of desire is a specific way of exercising power over the population by encouraging modes of conduct and individual behaviour which, while packaged as enjoyment and pleasure, contribute to our own servitude while benefitting the powers that be. The contemporary market economy is one example of a technology of government based on an economic regime of desire (de Beistegui and Bottici, 2013).

body, like many religious mystics and recluses (e.g. Julian of Norwich), Kempe had to communicate, share, and, when devoid of words, perform her body in pain in the public domain. From her writings, it seems as if Kempe did not perceive her pain as a gift of God, nor her body as a vessel of Divine love. Yet, her reformulations of the behaviour of specific female pain experiences were still, as articulated by Klages, ‘ostensibly divinely directed’ (2008, p. 143). In her book, Kempe refers to her alter ego as ‘the Creature’ and tells of the bouts of long-term and episodic pain the Creature suffered while pregnant and following labour. Her affective life changed after childbirth and later, when she experienced her first revelations of Christ, she decided to leave her duties as a wife and lead a plain life in chastity and devoted godliness (Kempe, 2016). However, the lack of her acceptance as a chosen one of God and as a mystic, by her neighbours and friends, and, above all, the clergymen, prevailed throughout her life. Unlike the anchoresses who led their lives in solitude among the clergy, Kempe performed her practices of pain and devotedness in the public realm, without sanction or acknowledgement from the Church. She penitentially inflicted and re-enforced existing pain in a form of self-flagellation (for example wearing a hair shirt,⁴⁶ and conducting acts of self-inflicted biting and tearing of flesh). Kempe became something of a laughing stock in Bishops Lynn, mocked by her fellow townspeople.⁴⁷

In her book, the author’s alter ego oscillates rapidly between psychological and physical pain while questioning her duties in society as a woman. In feminist reviews of her life (Klages, 2008, Staley, 1994), she is said to have utilized her body in pain to separate herself from the roles and codes of behaviour imposed on her by patriarchal civic society. For these reasons, it may be conducive in this context to speak less of inflicted pain and more of invocation: an affirmation of pain through practice. These practices were a means for her to cultivate her authority as a religious visionary but, most notably, to create a room of her own, on her own terms. From a feminist perspective, affirmative moments of ecstatic pain are often considered acts of emancipation, an acknowledged method adopted by medieval

⁴⁶ A hair-shirt is a garment woven with cotton or linen warp and horsehair weft, formerly worn by penitents and ascetics.

⁴⁷ Notably, in pre-Cartesian, late medieval (western) culture, the divide between body and mind was not yet as accentuated as it was about to become in post-Renaissance thought with the inception of the Enlightenment. According to Klages, a more fluid ontological understanding of the interrelation between body and mind made it easier to adduce emotions and affected behaviour to explain the logic of a particular action (Klages, 2008, p. 103). Already acknowledged mystics and anchoresses could therefore give themselves up to erratic, delirious behavior without being stigmatized or otherwise judged to be mentally ill.

mystics and anchoresses alike. The public performance of one's body in pain becomes the attempted solution to a certain problem and a way to work through spiritual and mental hardships related to a lack of authorship of one's own life. In Grosz (1994), self-inflicted violence operating according to generative desire is claimed to significantly reformulate how interconnected beings and things, individuals and their surroundings, act on each other. It should be noted that in this research and within its profane interpretations of Judeo-Christian pain practices, martyrdom and mysticism are de-coupled. Mysticism is approached as an immersive and immanent practice compared to the notion of martyrdom, which this research connects to stoic practices of the stable and transcending subject. This does not imply that the research denies the agency of renowned historical female figures, their achievements and impacts on historiography and common stories; only that the category of martyrdom is discarded as a mode of viewing of the body in pain as a subversive subject which affirms pain rather than negating it. The mystic, this research proposes, uses pain as a discrete asset and strength, rather than as an economic currency or a commodity of suffering. Within Christian mysticism, the boundaries between body and mind, subject and world, are effaced by pain, overtaken by a seemingly contradictory reality where the fragmented self, in the absence of a subject, is able to enter into a union with God.

Notably, part of my research strategy and ethics in garnering these types of deposited material and documented bodies who have no say in the matter, has been to proceed with care, tentatively, and always to contribute parts of myself to the work. Hence, in most of my projects where I engage with the pain of others, I am keen to submit elements of my own life story to the texts that aim to transduce and perform trans-historical pain experiences and affections. In the art text to *It's Always Three O'Clock in the Morning*, suggestive affirmations of Margery Kempe's life story were carried out in parallel with my own contemporary perceptions, revelations, and negotiations of recurrent pain.

*One night I was travelling blind
moving across a white-out landscape
There was a withering pain that passed so far
it could not be fully thought*

*The sensation left me with a feeling
of being disjointed
Travailed to the extent
that scarcely I had any feeling
Then, there was a sudden turn
from blind darkness into an unseen
An invisible made manifest in the visible
Whatever I did, I had to follow the feelings of pain
in endless, all-consuming liking
rather than to seek up the feelings of pain
in sorrow and mourning for them
The night was light and a window was left ajar*

(It's Always Three O'Clock in the Morning, Pt IV, Willenfelt, 2016)

I remember how for weeks I couldn't open my eyes properly, struck by a particularly grim episode of uveitis, an inflammation recurring in my right eye. The episode was so potent it affected the sight of both eyes. It gave rise to violent flare-ups, dull ache, and photophobia. The medication did not take, so I persisted in this specific mode of pain, as well as in the pain of not knowing when, or if, it would pass. Sensitivity to light is unavoidable, never-ceasing pain. The blindness and my fruitless attempts to contour the world behind my closed lids left me out of tune with my surroundings, dissociated, or, maybe attuned to something other than the reality normally afforded by sight. However, I noticed that while my body was breaking down, something else, and other, was breaking out. I took notes of conditions in my body. Like so many others before me, moving towards it, I could not catch pain in its being, *an sich*. When consciousness is centring on pain, pain withdraws, not sensorially, but it moves *out of sight*. I was particularly mindful of not doing a 360° and externalising my experience of pain by positioning it outside of my body. Instead I travelled inwards, traversing across fields and zones of intensity, connecting them up in new ways, allowing one sensation to

lead me to another, adjacent or just recently past, following the waves of pain and patterns of anticipation and possibilities.

(Willenfelt, *It's Always Three O'Clock in the Morning* process notes, 2015)

To acknowledge the weight of one's own embodiment in adapting and performing practices of pain relations, to recognise oneself as an intrinsic part of the art text assemblage, is an important counter-scripting strategy. It provokes a mode of looking compassionately at the world with sensitivity but without sentimental identification. The gesture of gifting a part of one's life story counteracts to a certain degree the risks of neglectfully appropriating the pain of the other. Immanently expressed, embedded in each work as singularities and fragments of lived events, the gifting of the self prevents the artist from engaging in complacent puppet-mastery. However, despite these offerings of bits and parts of my own attachments and affective life, as a collector-composer of the pain of others, I inevitably assume the role of interpreter of these relations, with the impending risk of harmful appropriation. For this reason, I wish to reiterate that the intention of this research is not to conduct historical revisionism. The attempted displacements and rearrangement of pain practices are always performed with the goal of creating new affective structures that challenge the status quo regarding pain customs, behaviours, and relationships. Conjured up in an intensive exchange between artwork, audience, and pain affects, these structures are both received and conceived by the audience which, the research proposes, actualise the work of art.

Moving from using techniques such as readings, paper performances, and performance lectures to address and convey an alternative image of thought of pain, the art text of *It's Always Three O'Clock in the Morning* was delivered as a coalescence of moving images and textual elements on screen. Accordingly, the aesthetics of counter-scripting, the specific logic of sensibility with which the writing is delivered, is of course strongly influenced by the chosen medium. Both the medium of video and the diverse, artistically interdisciplinary genre of text essaying carry their own histories, politics, and aesthetics. In a discussion about the aesthetics of the genre of the video essay, Magnus Bärtås (2010, pp.

77-87) surveys different traditions and schools of video essaying, ranging from documentary, feature, short, and experimental films across the institutional divide of film and contemporary art, to artistic works belonging to the American school of language-based conceptual art, and other notions of the video essay as a form of art where theory is realized in a moving image sequence, as a sort of 'direct theory' (Bärtås, 2010, p. 78). A significant contributor to the genre of the text-based video essay is Chris Marker (e.g. *Sans Soleil*, 1983). For Marker, text and image seem to represent two parallel realities of the work. They do not necessarily condition one another, but act as '...two different series of sequences that inevitably cross each other and interact now and then' (Marker cited in Bärtås, 2010, p. 81). This study separates itself from Marker's approach to the medium insofar as it acknowledges the value of the tension that occurs – not 'now and then' but continuously – in the friction between two or more coextensive 'realities.' It is indeed the difference in intensity that arises momentarily within the text and image assemblage that lends value and a specific presence to the work of art.

Another way of arguing for an existent and significant tension between text and image material considering Marker's frequent use of still image archival footage, paralleled in this study's adaptations of archival text material, is to approach fiction as a *recreated experience* rather than as a created reality.⁴⁸ In this way, fiction becomes on a par with the historical document, and vice versa. 'Unauthenticated,' the historical document must now create new meaning with the material it assimilates, through its 'thisness,' regardless of its role and value in a specific historical context. It is the conclusion of this study that text and image in the video essay *It's Always Three O'Clock in the Morning* are part of an irreducible compound reality where the different materials interact, enhance, contrast, and confront each other, materialising the work in a single yet manifold sense. Departing from Marker's approach to the elements of the video essay as separate realities, this research has chosen to label the medium for delivering text and moving images in this study 'text and video essay.'

⁴⁸ The particular wording 'fiction as a recreated experience' is merited to Karin Johannisson, professor in the History of Science and Ideas at Uppsala University, who during her lifetime wrote extensively and influentially on the female body in medicine and on the cultural history of emotions. My own research however, uses this notion within the scope of its own framework and research specificity.

Some of the discrete effects and results of the specificities and idiosyncrasies of the medium of the text and video essay for developing tools specific to counter-scripting methods will now be accounted for. The account will end with a comparative reading of *It's Always Three O'Clock in the Morning* and the photographer and video artist Sophie Calle's work *Exquisite Pain* (2004).

Drawing out lines of flight and emancipatory gestures from *The Book of Margery Kempe*, the art text of Parts I and II of the text and video essay takes issue with and challenges conventional social scripts of pain which are co-constituted, concealed and upheld by asymmetrical relations of power. In the work, the audience is invited to follow the female Creature, who is becoming what can best be described as a liminal phenomenon, dissociating herself from civic and maternal duties. The work provides an inwards journey, but simultaneously tends towards the outside, placing the body in pain between bodies and faculties of the worldly and common private self and the institutions regulating it. The text and video essay outline a negotiation in addition to this transitory movement through episodes of intense pain. The tension in intensity here referred to is not a friction between text and image as distinct material realities, but between the subject of pain and the subject of the artwork. Located in the relation between these forces (discursive, conceptual, and sensory), differences in pain intensities, the structure by which pain affects are striking the individual body, produces affects momentarily entangled with the agency of the artwork.

Another feature of the idiom of the time-based artwork *It's Always Three O'Clock in the Morning* is its soundscape. The sound carries spatial properties, which necessitate a careful utilisation of the space. While the text and video essay can be viewed online, on a laptop or another device, these are not the optimal settings for the work. In the white cube of RAKE visningsrom, a binaural soundscape was created by placing two loudspeakers in separate corners of the room. The ambient sound is a field recording of the signal of *Sputnik 1* travelling down to earth (1957), remade and edited in pitch by musician Ingrid Hedberg Wahlberg who generously let me use her score in the work. The first few frames of the video are soaked in a deep, pulsating atmospheric sound of the *Sputnik* signal hovering in the background. This soundscape is then gently superimposed and doubled with the trembling

of the sisters' vellums as the medieval chant *Benedicamus in laudem Patris*⁴⁹ commences simultaneously with the rapid montage of the cultural history of pain. The sisters' song remains on the first two chapters of the video, guiding the words of the authoritarian and the Creature. The distribution of sound in this room is an important feature of the work not only because it sensorially conflates visuals and text, but it also literally moves the bodies of the visitors through its reverberations around the room. It adds context of course, when – strategically – there is little. The sound arrangement creates several sweet spots for the audience to wander between. The reason for picking an ambient noise as soundscape was its enhancement of an already unsettling and unstable camera eye which translated into a bodily struggle in the forest walk passage.

The thematic scope of *It's Always Three O'Clock in the Morning* allows the artwork to elicit, test and perform constitutive pain practices that sit within the moment of crisis in the secular life of the *ethical subject*. In the moment of crisis, the ethical subject is forced to think through an embodied sensibility and choose for the body-self a path forward that agrees with the new circumstances. Within the theoretical context of the artwork, such a procedure does not necessarily prompt a straightforward, instant path to pain relief, taking the line of least resistance by forcibly reinserting oneself in a form that no longer fits. On the contrary, the ordeals associated with the dark night – reflected in F. Scott Fitzgerald's Nietzschean eternally returning nocturnal angst – is crucial in bringing about a vital transformation and a concurrent separation of the body from pre-established and habitual forms, performances of pain relations and interpretations of pain. How counter-scripting strategies could assist in performing the complexity of the transformative moment of crises of the body in pain were further developed and tested in *It's Always Three O'Clock in the Morning*. By introducing the medium of video into my work, I also tried to test the extent to which the artwork could conjure up a notional space where pain transformations could be actualised and shared among an audience. In the assessment of the work, I identified instances that on one hand proved to be successful in this respect and others that were less successful but still yielded insights for the progression of the project. What worked most

⁴⁹ The Cantus Sororum, *Benedicamus in laudem Patris* is part of the daily prayers sung in the medieval Bridgettine monastery. The chant was arranged by H.L. Vuori and J. Korhonen and recorded and performed by the duo *Vox Silentii*.

distinctly in favour of this development, were techniques for manipulating temporal structures specific to the video medium. Ellipses and time-lapses smoothly worked together with the speculative structure and a narrative perspective that in the text and video essay changed over time. Compared to the little response I received from the audience on the performance reading of *May and the Potentiality of Pain*, in *It's Always Three O'Clock in the Morning* the audience seemed to benefit from a denser layering of affective structures. The denser layering was a result of the quality of immediacy pertaining to the movement-image. Significantly, the immediacy of affect, a characteristic of time- and movement-based imagery, effected a greater intimacy between the audience and the narrative perspectives of the work. That the work elicited a deepened embedded response from the audience transpired in the public Q&A session that followed between myself and co-curator Lisa Stålspeets during the opening weekend of the exhibition at RAKE visningsrom. Notably, a significant part of the audience's engagement during the Q&A concerned the subject of collective pain and trauma. More specifically, there were questions from the predominantly Norwegian audience in reference to the nationwide grief following the Utöya and Oslo attacks of 2011,⁵⁰ a collective wound that was still fresh five years later. It is this study's assessment that the painstaking undertakings of the face and nameless Creature mediated through a first person yet manifold perspective, stirred in the audience an affect pertaining to a collective story of pain. A shared story of pain is distinct from what this research views as a shared event of pain, or pain-as-site. Collectively lived trauma brings people together in communities of pain, grief, anger, sadness, and consolation. While it can be argued that differences in pain intensities – the structure by which pain affects are striking the individual – are the least common denominator of such communities, what seems to be shared in a collectively suffered pain is above all, and transcending all, the superstructure that is the Story of pain. The script for dealing with collective pain and sorrow varies according to the ethos of the sufferer – who could be a member of a dominant or minority population, or have a particular religious or political affiliation, etcetera. While collective pain and trauma are not at the centre of this study, it is still important to acknowledge that collective pain and individual, long-term pain are essentially different, and, more importantly for this research, this assertion has consequences for the way we can approach and understand a

⁵⁰ On 22 July 2011, the Oslo and Utöya bomb and gun attacks on civilians and members of the youth division of the Norwegian Labour Party claimed a total of 77 lives (*The Local*, 2018, internet).

shared site for pain within the sphere of art. The mechanisms that bring us together in a story of pain are different from the mechanisms that this research applies to conjure up a notional site for sharing pain. What these mechanisms are and do will be elaborated in the subchapters *Pain as Practice* and *Pain as Site* in *Discussions*.

One example where ethical practices of pain relations have been explored within the sphere of art is in Sophie Calle's 2004 project *Exquisite Pain*. *Exquisite Pain* has been presented in different configurations (as an installation/exhibition, as well as an artist book/publication). This analysis pertains to the artist book publication. *Exquisite Pain* tells (and retells) the story of a painful break-up happening to the artist. Following a three months long journey to Japan, Calle was abandoned by her partner, whom she had recently met and had left back home, on the day of their planned reunion in New Delhi. The book contains a countdown from the date of the artist's departure from the lover to day 0, the day of their planned reunion, which never took place. Day 0 marks the divide between the Before and After of the book, and the onset of pain itself. Day 0 thus seems to represent the lowest point, the point of total unhappiness, of sudden shock and traumatic pain. This is the day Calle learns that her partner never had the intention of reuniting with her, and that the relationship was, in fact, already over. Part One, 'Before Unhappiness,' is a regular traveller's diary accompanied by images from the trip, premonitory with its countdown and pass-port control stamp marking the number of days till unhappiness. Part Two, 'After Unhappiness,' is a counting away, an expansion, a dispersing of pain affects. The second part is a textual and visual work on the labour of pain or, as conceptualised in this research: a practice of pain. Structurally, the right side of the page spread, 'After Unhappiness,' consists of stories collected by Calle, juxtaposed with the artist's own accounts of her breakup. The stories belong to people who have been asked the question: *When did you suffer most?* Since all the collected depositions are harrowing stories, they serve to alleviate the writer's own suffering. Of equal importance and maybe of even greater weight for approaching pain from the ethico-ontological point of view of this research, is the way pain is affirmed by reiteration. Calle returns to her own deposition over and over and over again, slightly amending it each time. The amendments of the course of events are not as significant as the actual repetition of this particular event of pain. During the iteration of the story, the letters on Calle's page-space ever so gradually start to fade, as the ink of the letters becomes

lighter. A literal fading away of a story of pain is accompanied by the reiterative writing practice, which seems to sever the writer's affective connection to the 'object' of her pain. This kind of logic of effacement might at first seem to follow a conventional, established approach to pain, where healing can begin only at the command of human imagination, where pain must fade away for healing to occur. However, in the mode of reiteratively oscillating between closeness and distance, Calle is not taking pain as a state imbued with a lack of love or affection, but rather appears to acknowledge the phenomenon as an abundance of affect. Entering into a relationship with other people's depositions, an abundance of pain affects are then dispersed, reorganised in a multitude of relations with the content of these stories. This is a reorganisation driven by a logic of inclusion and positive difference which opens up the possibility for pain intensities to bifurcate and inflect the reading of the work in new, different, and deeply embodied, tacit ways. While unfortunately somewhat restricted by a language of agency, in her article on Calle's book, Elisabeth Long corroborates these effects of what this research calls Calle's use of ethical practices of pain (as performed within the artistic sphere): a dispersal of the narrator's and reader's affections across the page-space, and a concurrent dissolution not of pain but of the affective hold that pain and grief conceived as a 'lack' have on the body in pain. In Calle's book, Long claims, '...banality [repetition] is used as a cure to the too little forgetting and as a memorial not to the object that was absent, but simply to the author's past experience of that absence' (Long, 2009).

It's Always Three O'Clock in the Morning shares with Calle's *Exquisite Pain* strategies of reiteration and monotony for performing pain practices, which are themselves transformative to the extent that they change processes on an affective, bodily level. Developed as a counter-scripting strategy and technical device, reiterative elements are combined in *It's Always Three O'Clock in the Morning* in order to engender a monotonous or parallel perspectivism. A monotonous perspectivism denotes in this research a manner of writing and reading from 'below' the surface, from an intensive plane. Although the narrative perspectives in the video essay appear to be subject-driven, they are veiled and depersonalised. Already in *May and the Potentiality of Pain*, the depersonalisation of the voices of the art text assist in creating a speculative structure that the audience themselves can enter into and populate. The background story, the biography of Margery Kempe, while

fundamental for the processes of making the work, is traceable in the performed essay only by way of its affective material, stripped of any historical data or biographical references. The narrative subject is replaced by the appearance of, relations to, and labour of pain itself, as a result of which '...the life of pain sometimes emerges as a being of its own' (Stålspeets, 2016). Similar methods of conceptual and affective reconfiguration that Calle uses very effectively in her book *Exquisite Pain* (such as visual effacement of the content and a collage-style form of storytelling), are thus used in *It's Always Three O'Clock in the Morning* but for seemingly opposite purposes. However, as accounted for above, this research claims that although analysis of Calle's work will cast pain in a negative light in a hydraulics of affect where pain needs to fade away in order for the self/world to reappear, *Exquisite Pain* is a work that does not exercise the negation of pain as much as it engenders a becoming *with* pain.

In an evaluation of counter-scripting strategies for further calibration of its devices, audience response has proven to be important. In *It's Always Three O'Clock in the Morning* the video medium offered new opportunities for creating an affecting/affective intertextuality within the world of the work in ways that the published text and the performance reading of the previous project could not do. It offered visual models for conveying the presence of pain and a dissolution of the personae in its presence. However, if the problem in *May and the Potentiality of Pain* was in its favouring of thematic context over material and medial articulation, *It's Always Three O'Clock in the Morning* struggled somewhat with becoming too fixed and one-sided in its instalment in the white cube. While there was a fruitful exchange between the different temporal and affective structures of the art text and its inflection through the video medium, in hindsight it could be argued that the same affecting/affective intertextuality did not sufficiently extend itself to the audience. While the work was perfectly well coded as art within its display, the gallery setting inevitably inserted an additional representational layer that impeded the affective exchange and realisation of pain intended. Among the three art projects of the research, each of which brought in discrete cases to serve as unique, singular vessels for conveying the propositions of a life of pain, *It's Always Three O'Clock in the Morning* lent itself to being the most open to interpretation. While this was a choice in congruence with the overall approach of the artwork, it seems to have predisposed the work for readings that tended towards a

universalisation of pain experiences, a tendency this research strives to escape. Thus, what required further attention in respect of the aims set up for the research was an elicitation of a notional site lived by the audience in the moment of their mutual conception and becomings. To conjure up such an intensive monument of transient affect would require a recalibration of the dynamics of the speculative and affective structures of the art text in relation to site. An even greater focus should be put on the audience's encounter with the artwork itself, i.e. the flip side of the artist-researcher's encounter with the raw material in the archive. Accordingly, the research next set out to embed the art text in structures where the bodies of the audience could be moved, confronted, and challenged, thereby becoming constitutive elements of the artwork. Through this process of transformation and becoming, the audience would also be required to simultaneously transform the subject of the artwork itself.

Gibraltar, A Walk with Disturbance



Figure 17

I am going to make an art project which centres on the former work and poorhouse *Gibraltar* (1888-1940) in Gothenburg. I am looking for public records, annual reports, as well as individual statements, diaries, stories about life as a patient/inmate and relief receiver at Gibraltar. I am particularly interested in the hospital and its activities (before Gibraltar turned into *Vasa Hospital*) and the female experience of chronic illness, work, and welfare. As I understand it, Gibraltar was a combined welfare-, work, and care facility (somatic as well as mental health care), and home to children and the elderly. It is specifically the hospital ward (located in one of the three 'poor relief barracks' in the area – today housing the institution for arts and cultural studies at Gothenburg University) – its activities, the conditions of the patients and their experiences and opportunities that I am interested in. I am visiting the archive next week and it would be great if we could prepare for my visit.

(Email from myself sent to The Region and City Archive in Gothenburg, 8 December 2016, my translation).

In the same vein as *May and the Potentiality of Pain* and *It's Always Three O'Clock in the Morning, Gibraltar, A Walk with Disturbance* (hereafter referred to as *Gibraltar*) offers a fragmented narrative that traverses different times, bodies, and cultural events. The original performance was carried out as a discrete part of the collaborative art project and bus tour *Botandets iver (Frenzy to cure)*. *Frenzy to Cure* was a collaboration initiated, organised, and curated by the artist Maja Hammarén. The project was performed in June 2017 as a public bus tour, with three separate walks created and led by artists Ioana Cojacariu, Cecilia Germain, and myself. The collaborative art project explored and identified contemporary social issues, conflicts, and concerns related to three historical locations in Gothenburg, and through their existing on-site activities today. The three institutions included the former workhouse at Drottningtorget (ca 1850-1888) (today part of the area surrounding Gothenburg Central Station with the *Clarion Post Hotel* and *The Beauty Factory Spa and Treatment*), the *Gibraltar Work and Poorhouse* (ca 1888-1938) (today part of the *Chalmers School of Technology and Entrepreneurship*), and the *Lillhagen Mental Hospital*, (ca 1940-2002) (today undergoing redevelopment from a public psychiatric hospital into a recreational area with new builds and co-op apartments).

My own project *Gibraltar, A Walk with Disturbance* was performed as a group walking tour on the site of the former Gibraltar Poor and Workhouse in Gothenburg. The art text involved a meandering walk through the former workhouse grounds, touching upon its discrete stories and sociocultural phenomena related to care, health, work fare, and public poor relief. These cultural enunciations were set in parallel with an economy of long-term pain, two seemingly incompatible realities. The art text absorbed a greater body of raw material than ever before in the scope of this research, comprising case material from Gothenburg's Poor Board and Committee of Social Relief, annual reports and inventories, maps, photographs, and newspaper articles concerning the *Gibraltar Poor and Workhouse*, as well as folklore and hearsay from the Institute for Language and Folklore in Gothenburg. The material selected from the archives was then adapted and intermingled with present-day examples of medical trends and policies, as well as discrete cases, including my own personal illness history and contemporary encounters with the site.

The opportunity to work collaboratively and site-specifically within the parameter of the time-based performance appealed to me, as I was looking to develop modes of performing the art text that could engender a greater constitutive relationality, or forms that would allow the audience to move beyond their roles as passive participants to become vital co-creators, receivers and makers of mutually scripting structures. Although such a constitutive relationality and affecting/affective intertextuality is theoretically achievable within the frame of the lecture room or white cube, the possibility of extending beyond these physically static structures was enticing and offered great promise for exploring and pursuing to greater effect, a notional sphere for sharing pain: pain-as-site.

Curator's statement:

Frenzy to Cure is an art project without artefacts or physical artworks, where monuments are formed by human beings moving together in places with a charged history. The performative, transient tours undertaken jointly by artists and audience members becomes a way to de-monumentalize the past and thereby connect it to our own time. In activating the three sites, coupling the past with the present, the project sheds light on the austerities, work and living conditions, the hardened debates, and the suspicious attitudes towards the poor and underprivileged, which all continue to exist in contemporary society. The goal of the Poor Relief System

during the 19th and 20th centuries shed light on a familiar political ambition and imperative: to put the unemployed to work, to discern who they are, and to keep others in check. The strong faith in wage labour as a cure for disorderly affective behaviour and unproductivity resonates across time. The practices and acts of the past are placed alongside the measures taken today; provisions meant to increase the wellbeing of the individual, but which also attempt to constitute and control a perfectly functioning, hyper flexible, over-achieving body: relatable, smiling, and networking.

(Maja Hammarén, Curator of *Frenzy to Cure*, 2017, my translation)



Figure 18



Figures 19, 20

The bus tour, which took place during an 8-hour work day over three days in June 2017, revealed how ideas about work, clean-living, and discipline were deployed as curative and ‘liberating’ concepts in the European colonial past, as well as in the growing social gaps and racist climate of today. The people who signed up for the tour participated as audience members in all three art projects, transported between locations in a specially chartered bus. We all moved together as a following, taking in food, air, sharing conversation and experiences, jointly participating in morning gymnastics at the Beauty Factory, having a coffee break with ‘Bracka Bread,’⁵¹ doing mindfulness and garden work at Chalmers Campus Vasa/Gibraltar, and performing ‘green rehab,’ followed by dinner at The New Lillhagen Park facilities. The arrangements surrounding the performance of the discrete work within the scope of *Frenzy to Cure*, its para-text including the press release, invitations, the online booking system, and introduction to the day-long event by Curator Maja Hammarén on the

⁵¹ ‘Bracka Bread’ was a round rye bread, each piece of bread yielding four servings, baked on site at the workhouse and distributed to its inmates as well as to poor children in the city. It was reputedly very tasty, especially with a bit of butter served on it. During the walking tour *Gibraltar, A Walk with Disturbance*, the participating audience was served a contemporary version – baguettes produced and sold on the site today.

days of performance, all contributed to optimising the immersion of the audience in multi-layered, social and affecting/affective realities, and a porosity of time.

My contribution, *Gibraltar, A Walk with Disturbance*, was inspired by the format of the city guided tour. It took place in the public and semi-public spaces of Chalmers' School of Technology and *Chalmers Campus Vasa*, on the site of the former Gothenburg workhouse *Gibraltar* (1888-1938). Within the scope of the 90-minute walk, the position of those receiving social relief during the turn of the 20th century was scrutinised in parallel with a close reading of diagnoses coded as female issues. Re-engaging local archives of social welfare, based on research within these archives, the art text of the work presented a speculative fiction and a counter-script of bodies in pain, both past and present. The scripted walk thus outlined a genealogy of the somatic, later fused with mental illness, and their cures, mapping zones and creating intersections of performing cure from the turn of the 20th century and in the present day. The artist's own experience of occupational therapy and contemporary psycho-pedagogical tools and ways in which they are met and treated at the entry level of the Swedish public health care system were put into dialogue with the practices of intake, allocation, and cure (or the lack thereof) to which the women at the workhouse hospital ward were exposed. In the walk, audience members met with figures of the penniless, the incapacitated, the hysterically ill, the unable or partially unable to work, as well as the burnt-out, the chronically fatigued, and the aching body. These bodies were encountered in their relationships to working life, the market, and society. The tour explored the clinical notion of hysteria and its related nervous disorder in relation to forms of control at play in the classical liberal era.

However, rather than urging a critical distance between the past and the present, the aim of the *Gibraltar* project was to turn the audience's gaze towards relations of power in contemporary Swedish labour society imbued with the principles of *New Public Management* (NPM) (Stilhoff Sörensen, 2014, internet). Through scripted cuts in the art text between parallel and analogous events and realities, the walk interrogated the premises and assumptions underlying contemporary notions and ideals of the productive body. It did so from the perspective of the body in pain and its relations to wage labour, public poor relief and workfare. One consequence of the ontological specificities besetting the body in long-

term pain is the way pain prevents the body from producing in ways that meet the demands of the dominant work ideology. It was therefore important to me to conceptualise and emphasise, through the art text, a constitutive sensibility pertaining to the specificity of bodies in chronic pain, and how these sensibilities in their turn affect, resist, and even overpower and subordinate social structures and institutions to their own needs and desires (rather than the converse). The artwork was performed as an event-based walk where the audience members and participating contributors approached the space by doing things together. The joint performative and collaborative structures of the scripted walk and its effects regarding the goals set up for the research project were subsequently evaluated (i.e. to interrogate a subversive potential of the body in chronic pain, explore a shared, extra-linguistic notional site for sharing pain (pain-as-site), and begin developing an artistic vocabulary for these proposed ethical practices of pain relations). Different activities of care and cure interrupted the walk, which amongst other things included a career fitness test, mindfulness exercises focusing on response prevention, a chance to participate in guerrilla gardening activities/gardening duties, and 'due diligence coffee.'⁵²

Gibraltar was the second stop on *Frenzy to Cure* bus tour. The audience arrived by bus to the site from Ioana Cojacariu's work at *The Beauty Factory*. On site, the tour guide, a role assumed by the artist, myself, welcomed the audience members. In the script, the artist oscillates between the role of a formal guide and the individual Johanna in her private capacity. These changes in identity were signalled by changes of costume and props, using for this purpose custom-made caps with the name of the bearer printed on the front. Sophia and Evelina ('Evy') were other individuals whose perspectives emerged and reappeared throughout the scripted walk. Both perspectives were based on actual people found in the City and Regional archives (they were also both admitted to and/or living at the hospital ward at Gibraltar in 1903). In delivering the manuscript, I was assisted by two or more contributing actor-deputies, who had received the script in advance. We all were dressed in similarly striped work shirts throughout the performance. On site, the audience was

⁵² The rationale of 'due diligence coffee' was jointly performed at Stop Six of the walking tour, entitled precisely *Due Diligence Coffee*. The benefit of a cup of coffee over and above an inmate's daily rationing was part of a disciplinary reward system and currency exchange at the workhouse. The internal currency was conditioned by the excess of piecework performed by the inmates, i.e. only insofar as an inmate's daily production exceeded the cost for the relief they received (clothing, housing, food) could they be allowed to enjoy an extra cup of coffee.

equipped with a map of the area and the eight different stops of the walk. The walking tour, including the coffee break inscribed in the script, lasted approximately 90 minutes.

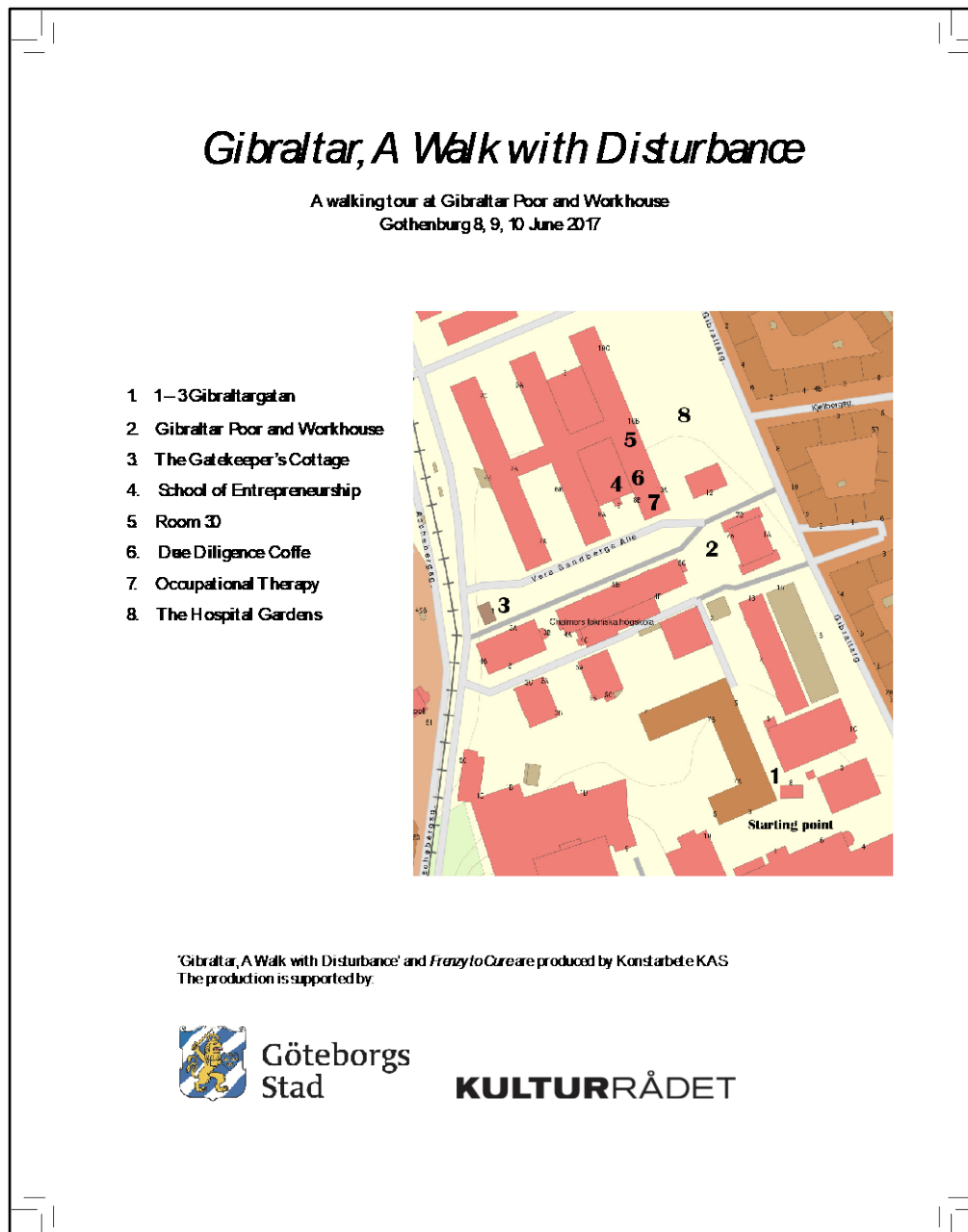


Figure 21



Figure 22

The research process leading up to the performance of *Gibraltar* distinguished itself from the art projects preceding it due to its collaborative structure, and its socially embedded and geographically situated nature. The time leading up to the performance was spent equally between information gathering, writing the manuscript, and sharing ideas and processes with the other participating artists and the project's curator. There was an ongoing discussion on the themes and subjects of the discrete works as well as the selected literature circulated among the working group. However, each artist approached 'their' site by drawing on individual sensibilities and methodologies. Before I commenced writing the script, I conducted research into historical archives where the story of the workhouse, its public and private sides, could be found. I moved mainly between two of the City's archives. At *The Regional City Archives* I retrieved individual life stories and learned more about the organisation of the Institution and the poor board, as well as day-to-day life in the poorhouse. At the *Museum of Gothenburg*, I traced the entire genealogy of the Gibraltar construction, in material comprising original blueprints, maps, official documents and statements of opinion (for example, from *The Department of Planning and Conservation*, or

newspaper articles concerning social and public issues related to Gibraltar). In parallel with digging up information about the site, I made several visits to the grounds. From the official texts of the site that unfolded before me in the archives, extending over 100 years and two centuries, I obtained an understanding of some of the discourses, debates, and political climates surrounding the activities and forms of ownership of the site and its properties today. Some of these attachments and phenomena were relevant to the project and I adapted them accordingly for the art text. It should be noted that the main buildings of the Gibraltar still stand today, wedged together with new builds and contemporary architecture in an increasingly condensed urban space. Until the year 2000, it was uninterruptedly home to public health care services. After the dissolution of the Gibraltar poorhouse, the site became a hospital for the elderly and chronically ill, renamed *Vasa Hospital* to sever its connections to the poor relief system of earlier days. Vasa Hospital remained and was kept as a specialist centre for geriatrics. In the mid-nineteen seventies, the *Gibraltar Public Care Centre* was built in the area. This facility, with its adjoining rehabilitation centre, is still in operation, and was even home to some of my own previous rehabilitation attempts, adapted for the art text.

In its capacity as a performance and participatory event, *Gibraltar* set out to explore the affective entanglements of the art text and the milieu of its delivery. Working with content so clearly informing and informed by the site of its performance, was very compelling. The relationality of past and present was manifest not only in the personal data points and experiences (the scripted women's and my own), but also in the genealogy of the former workhouse grounds which during the days of the performance functioned as a kind of linguistic and conceptual tracing paper, a translucent surface connecting past and present.

Circumstances conducive to the generation of temporal sites, social sculptures, and parallel intensive monuments were cultivated through mutually informing movements and communications between the artist, the manuscript, the audience members, contributors and collaborators. During the walk, the audience members were asked to perform and engage in different activities to various extents.



Figure 23



Figure 24

At Stop Four, the party gathered in the entrance hall of the Chalmers School of Entrepreneurship, which today consists of a contemporary architectonic glass bridgework connecting former workhouse pavilions 2 and 3. Literally standing on the doorstep to the former Gibraltar hospital ward, the audience members were instructed to take a seat in the

space introduced by the guide as a waiting room area. Before entering the former hospital pavilion, they were asked to fill in forms about their personal history, only this survey was in the form of a career fitness test (see Appendix 3). The construction of the test was based on a questionnaire administered to research students at the University of Cumbria during a summer school session dedicated to career planning. The audience's act of taking the test merged the figure of the patient with those of the job seeker, student, and other members of society so often pressured into proving their employability and value as capitalist subjects. The reciprocal action of this engagement seemed to provoke simultaneous transformations in both audience and site, with the audience members becoming a vital part of the speculative structure of the art text, as well as sentient receivers of the same structure. In post-performance feedback from the audience, one member referred to these interactions as 'breaks between the stops,' commenting on their vital function as 'a breathing space' but also that these intermissions 'between the stories' were instrumental in contributing a content while, at the same time, 'the boundary between content and form of the work is not fixed.' From this statement one may infer that the audience perceived their engagement as an immanent part of the conception of the work. As a result of this, it was possible to attribute to the social relation the role of both content and aesthetic form of the artwork.

The transformation of the audience members as embodied co-constituents of the work thus seemed to double the image of the experience for the individual audience member. In order to describe what such a 'doubled' image implies, it is tempting to invoke the idea of constitutive reversibility found in the chiasmic philosophy of Maurice Merleau-Ponty.⁵³ The most evocative image of the reversibility in experience, along with the moment of acknowledgement of oneself, the world, and the other, is the one conjured up of the right hand touching the left (Merleau-Ponty, 2002, pp. 106-107). The body's subjective experience of feeling, of being perceptible by touch, is here compared to the parallel act of touching the

⁵³ Note that this study departs from a traditional phenomenological perspective on the body (Husserl, 2001). The problem of the phenomenological approach to the body in pain for this research lies not in the phenomenological method per se, but in the way that the phenomenon of pain becomes thematised exclusively as a negative instance. When the body in pain becomes thematised phenomenologically, the phenomenal body is separated from its physical body, which affects the perception of one's reality, or within phenomenology, the *Lifeworld* (Lebenswelt). As Nicholas Chare puts it: when pain strikes '...pain becomes you, you fade into the background and the background out of which you originally emerged becomes the foreground' (Chare cited in Bissell 2009, p. 919). However, denouncing orthodoxy in practice and theory, any productive attempt at reconciling differential ontologies with phenomenological perspectives that would further an emancipation of pain is considered within this research. Therefore, I acknowledge that there are contemporary post-phenomenological theories that challenge figures of thought of classical phenomenology (e.g. Michel Henry, Sarah Ahmed).

object-self. The doubled image of this event occurs when the relationship between the hand that is touched and the hand that touches is reversed. The hand that previously was the one being felt now becomes the touching, probing force. The problem is that the embodied subject cannot live both perspectives at the same time, i.e. the left hand cannot simultaneously be perceived as both touching and being touched. In his later writings (Merleau-Ponty, 1997), Merleau-Ponty attempted to dissolve the boundaries between the reality of embodied sensation and conscious intentionality by locating the self in the very moment of reversibility. The introduction of the concept *flesh (chair)*, defined as a universal sensible being and an ether in which we all bathe, allowed Merleau-Ponty to locate the body-self as the very entanglement between subjective and objective experience: an entangled self, both the obverse and reverse of itself. The chiasmic concept of continuous enfolding-unfolding is intended to recalibrate the seer-feeler to be *of* the world rather than placed in it (and hence detached from it). Incorporated into this research, a continuous enfolding-unfolding takes the shape of an attention that is not properly passive, not entirely active, but literally of vital importance. The ontological figure of constitutive reversibility/relationality brings to this research a certain elucidation of the event-encounter. In *Gibraltar* the self-reflecting, self-modulating, and self-(re)producing aspects of the event of performing the fitness test enabled the audience to oscillate between becoming both the documented (something felt) and the documenter (something doing the feeling). Needless to say, the approach to the body as a plastic, simultaneously scripting and scripted document applies both to the bodies encountered in the archive as well as the bodies of audience, participator, artist, and others who, in different capacities and degrees, help to actualise the art text.

In feedback from an audience member on *Gibraltar*, I learnt that the member took special notice of the conflation of form and content in the work, expressing how fluid these boundaries appeared. Art forms and tendencies in art, such as relational aesthetics and socially engaged art, often centre on the embodied social relation and, in extension, the social condition, as the medium of an artwork (Wikström, 1993; Serra, 1999). Artist Sharon Hayes stresses the importance of allowing the performative and social aspects of an artwork to become entangled, since the political, social, and psychic (inter-embodied) relation often constitute the material worked on as well as part of the aesthetic form of the work (Duke

University, Art of the MOOC: Activism and Social Movements, transcription of interview, no date). This attitude towards socially-engaged art and relational aesthetics directly speaks to a necessity in this research not to separate the inter-embodied relation as an artistic form from the social relation as content, folded up and into one another in performance. The crystallisation of a relational artwork comprising social practices appears to involve a constitutive reversibility of performing and being performed or 'worked on.' At Stop Four in *Gibraltar* the audience members put their social and discursive bodies to work as they assumed the role of patient-potential, appropriating and performing gestures of bureaucracy, statistics, and quantitative evaluations existing in contemporary society. As the audience members leaned over the assignment provided, and started to fill in the career fitness test questionnaire, the individual embodied and oscillated between containing the transformative content of the work and performing that transformation. Drawing from the audience feedback, the research could conclude that, in the first instance, conjuring up an intensive compound and an intended shared site for pain was highly dependent on a constitutive reversibility and the mutually constituting entities of audience body and site.



Figure 25

By bringing in walking as a central component in *Gibraltar*, this research situates itself in a contemporary artistic tradition of critical mapping practices (Fraser, 1989; Lundgren, 1999-2001; Hultin, 2014-2015). *Biopsychic mapping* is my own conception of a specific inflection of artistic mapping practices informed by traditions in psychogeographic critique (SI International, further explored by contemporary artists like Ian Sinclair, Jane Cardiff and George Bures Miller) and contemporary psychogeographic approaches to space such as *schizocartography* (Richardson, 2014).⁵⁴ The term ‘biopsychic’ derives from Deleuze’s understanding of biopsychical life as ‘a field of individuation in which differences in intensity are distributed here and there in form of excitations’ (Deleuze, 2004, p. 119). Similarly to schizocartography, biopsychic mapping practices draw on a dual operation of critique and affirmation, intertwining discourse and matter. However, mapping intensive zones of affect within this research is not restricted to an unveiling and re-appropriation of power structures internal to the site probed. Rather than taking a site and its official history as the objects of critique and subversion, biopsychic mapping immerses the life of the audience member in their own affective archives and individual ‘texts.’ As a proposed ethical practice, biopsychic mapping adjusts its probing into reality to contingencies and uncertainties caused by the audience as an integral part of the affective terrain. In doing so, it attempts to render inviolable the scripted historical subjects of pain as well as the life stories of the audience members.

Biopsychic mapping applied in this research thus relies on contingent, speculative structures employed to evoke the *unthinkable*, the *unimaginable*, or the potentials of a life of pain that have not been registered by historiography. As part of adapting the material for the *Gibraltar* project, biopsychic mapping was therefore instrumental in engineering and reshaping pain as an experimental practice in this research.

⁵⁴ Coined by sociologist Tina Richardson (2014), schizocartography is a composite method informed by Félix Guattari’s term *schizoanalytic cartography* (Guattari, 2013) and the schizoanalysis he jointly created with Gilles Deleuze (Deleuze and Guattari, 2004, 2009). It is defined as a method for moving through urban space in ways that do not give in to contemporary forms of representational power, its routines and procedures (Richardson, 2014, p. 60). While the related, artistic methodology *psychogeography* rests one leg in the cultural critique of its time (1950s and onwards), poststructuralist’s modes of schizocartographic mapping, in addition to serving as critiques of postmodern society, attempts to facilitate circumstances of creative expression and subversion, locating moments of mobilisation in seemingly adverse movements and events. Richardson propounds that it is by drawing on a joint operation of Debordian critique and an affirmation of hidden and overlooked topologies, stories, modes, and affects that a practice has the potential to challenge and ideally overthrow the status quo.

Methods of engaging in an immanent and ethical practice of relations were tested in the artworks leading up to the performance-based project *Gibraltar*. Gifting and anachronistic play had thus far proven valuable for pursuing and perpetuating an ethical practice. To further an engineering of affective relations through biopsychic mapping, *Gibraltar* experimented with an 'excavation' of sedimented topographies of pain practices and events using allusions to bodies in pain, as well as concepts of care and cure in the past and present. These speculative structures were carried out through embodied interactions and confluences of the art text and the audience. For example, at Stop Seven of the walking tour, called *Occupational Therapy*, the group was invited into one of the former workrooms at the far end of the hospital wing of the workhouse. The audience members were under the impression that they were about to participate in a 'pastoral cure' offered by myself as the tour guide. Ecclesiastical elements like pastoral cure ('*själavård*': *cure of souls*) made up an integral part of the treatment at the former poorhouse, intended to rehabilitate the inmates of both the hospital and workhouse pavilions back to becoming healthy, i.e. well-adjusted, citizens. As it stood in June 2017, the former Gibraltar sewing room was unchanged in structure and size from its workhouse days. As the group entered the room, I, the guide, instructed the party to make their way to one of the brightly coloured yoga mats placed on the floor. The yoga mats were a temporary replacement for the current classroom and conference table inventory of the *Chalmers School of Entrepreneurship and Technology* – an inventory directly descending from the Workhouse's rows of sewing machine desks (which can be seen in an embellished photographic documentation of the Workhouse in the 1923 Gothenburg Jubilee exhibition on p. 170 in Appendix 2).



Figure 26

The art text then led the audience to perform a guided meditation. The mindfulness exercise *Mind yourself: everyday impulse prevention* was an allusion to the artist's (my own) experience of mindfulness as a stress- and pain- relieving therapeutic method mapped in Stop One of the walking tour.⁵⁵ During this exercise, the group rested in silence, taking instructions from a friendly but firm audio recorded voice, adjusting their basic bodily functions, breathing, presence, and posture accordingly. An economics of relations past and present through forms of discipline, labour, behaviour, value, and duty overlapped as voice-over led the group through instructions for a modern-day health-promoting cure. Analogous to the pastoral cure of 1903, mindfulness is a contemporary and popular technique for rehabilitating impaired and fatigued subjects back to health, efficiency, and, most importantly, work.

⁵⁵ The mindfulness exercises prescribed for my recovery were part of a treatment called *Acceptance and Commitment Therapy* (ACT). ACT belongs to the package of evidence-based psychotherapy treatment *Cognitive Behavioural Therapy* (CBT). Note that this research and the project *Gibraltar* is not a critique of a singular therapeutic model but of specific contexts and presumptions as well as present austerities of the Swedish public health care system and a related hardened 'work strategy' policy. It comprises a critique of the rationale behind new, fast-track treatments that the contemporary economic and political climate employs in attempts to resolve specific public health issues (without regard to their underlying structural problems), or to cater to certain public opinions and debates about quality, efficiency, and cost of public welfare.

As a collective, transient monument, the audience-art text conflation performed a pointed yet ambiguous critique (of conflicting interests, ideologies, and ideals), supported by the framework of the art text, which was both affirmative and anachronistically humorous in its mirroring of the problems in contemporary society in the past. In written post-performance feedback, one audience member attested to the transformative power of the art text's superimpositions insofar as these structures '...shed light on the fact that our desires and needs across time are similar.' From this individual's feedback, it could be inferred that a critique was not only performed blindly per instruction by the audience, but indeed came to life through their affective engagement. This had importance for the attempt of this research to argue for and perform, as a conflated event, the body in pain as a vital force of life.



Figure 27

Viewed discursively, through the lens of current day economic policies, the audience-art text conflation of Stop Seven could be argued to embody a critique of the Swedish right-wing alliance's tightened *work strategy* ('arbetslinjen')⁵⁶ – through the cures we perform to get back to work after health-related absences and periods of non-productivity. In returning to the double image of the audience members as co-constituents, discursive and material components of the materialisation of the artwork, the participant's individual excitations and desires are distributed in and across the art text that concurrently extends itself across the site, becomings-with the agency of the artwork. The speculative structure of the art text-audience compound then extends itself over, and pulls through, the milieu it is attending to and reshaping, while concurrently being reshaped by and congealed with it in temporary intensive monuments or assemblages. The audience feedback in response to the 2017 walking tour corroborated the fact that counter-scripting strategies rely on biopsychic interactions for the realisation of the work. In order to enter into critique, the participants had to embed themselves in the structure of the text, themselves becoming its embodied contemplations.



Figure 28

⁵⁶ For Sweden, see e.g. the trial of 'Phase 3' which was initiated by the liberal-conservative government Reinfeld in 2007 and implemented by the Social Insurance Bureau.

Moreover, what distinguishes this research from contemporary and cross-disciplinary forms of schizocartographic mapping described by Richardson as ‘practices of diversion’ (*détournement*), of rewriting relations of representational power to unveil alternative and discrete stories, hidden currents and voices in an urban environment or social milieu (Richardson, 2014, pp. 52-53) is that the story told in *Gibraltar* is that of the *détournement* of the concept of pain itself, promoting its ontological characteristics, its precursory precedence and influence on the coherent subject-consciousness. More than advocating alternative narratives, *Gibraltar* attempted to perform the very reconceptualization of pain, using overlooked affecting/affective topologies and hidden stories as its material, as tools to further this purpose.

An opportunity to evaluate the success of the artistic attempt to perform a transformation of pain conceptually, perceptually and affectively was offered when an audience member, post-performance, gave feedback on their experience of *Gibraltar*. The audience member expressed a wish for more distinct and unified portraits of the different roles performed by the cast. In contrast to the large amount of information provided by the scripted walk pertaining to modes of conduct and expressions of illness, pain, cure, poverty, and work, as well as the intricacies and interconnectedness of these phenomena contributing to the social architecture of a larger urban community of the Gibraltar site, descriptions of individual cases could be perceived as under-represented. In a more conventional setting, where the plot of a play takes centre stage, the performative work surely would have benefited from more frequently returning appearances from the poorhouse women and their individual stories adapted for the work.⁵⁷ However, in contrast to contemporary counter-projects, which often explicitly unfold local and discrete stories through revising and revaluing the history of a specific cultural expression, event, or phenomenon (e.g. *I’m Every Lesbian*, Hultin, 2014-2015), this research is not a vindication of a particular historical subject or marginalised group (even the category of ‘woman’). Advancements of counter-scripting strategies in *Gibraltar* were made to revitalise and emancipate the ontological complex of ‘a life of pain,’ steering it away from its reification and entrapment in rigid and restricted pain

⁵⁷ The audience member who generously gave this feedback has a background in the dramatic arts, and while there are many overlaps and interchanges between performance practices in contemporary fine arts and performance within the dramatic arts, they have separate traditions, schools, aesthetics, and rationales.

and illness identities. For this reason, the individual life stories gathered in this project deliberately rendered the poorhouse women's biographical identities as somewhat vague, or fuzzy around the edges. The discrete cases were intended as examples of potential and parallel mobilisations of pain perceptions, expressions, effectuations, and enunciations.

While revisionist practices are admirable and important to pursue, this study also takes on a political critique, but only as a secondary or residual effect of the collaborative reconfiguration of pain itself. It was thus crucial for the research to maintain throughout the walking tour the perspective and vantage point of the tacit knowledge of the body in pain, without cancelling out or overwriting bodies. The use of site as a place of affective exchange was not an attempt to exhaust the multiple meanings, 'hidden' stories, archaeologies, and possibilities of the location, thereby running the risk of overwriting bodies and stories instead of bringing forth something new. The choice to preserve personal data in the art text of the work was, however, deliberate; this gesture enabled a qualitative change to take place, wherein a personal biography of pain could be transformed into an impersonal and de-individualised life of pain. While the individual subjects of pain (Johanna, Sophia, Evelina) in the art text became imperceptible as discrete entities, their stories came together as a whole⁵⁸ in a transformative unit. Technically, in the art text, there were overlaps and intersections between the different stories, dissolving the boundaries between the subjects. Likewise, pre-cognitive lives of pain did not occur in a single unit, but were presented as a multiplicity and a compound also in the narrative of individual life stories. In considering the body a permeable and affective assemblage of material and immaterial things, what took centre stage in the *Gibraltar* art text was therefore the ongoing affective exchanges and negotiations of power between the scripted bodies and the medical staff, diagnostic processes, and interactions with the workhouse's scheme. This was the motivation behind letting the poorhouse women diagnosed with hysteria emerge 'on the scene' as a group, a flock of people rather than as personalised individuals in a play. New topologies of pain pertaining to hysteria were mapped through coextensive making of intensive zones framing the site as a collaborative performance event and not merely an account. The written feedback that indicated a desire for more clearly delineated personal stories throughout the

⁵⁸ NB not in an essentialist sense.

walk thus indicated that the intention of the work had succeeded, although it might have failed in other respects to deliver and cater to personal desires, habits and expectations (part of the work's intention was precisely to question our expectations regarding coherence, narrative consistency, and nomenclature).

As artistic material for transforming and redefining pain practices, pain relations are utilised to transport the receiver of the work between different plateaus in the art text, carrying an intertextual function. An affecting/affective intertextual relationship between plateaus was, for instance, created in *Gibraltar* when the inmate Sophia at the last stop of the walk turned to the audience and stated, '...therefore, you should not pity us' (Willenfelt, 2017, p. 28, Appendix 2, p. 175). The direct address from the art text character to the audience, together with her conflation of social and political contexts, climates, and conditions past and present, served to defuse both a critical and affectively lived distance between now and then. The form of direct address and first-person perspective of the art text introduced a subtle taste of Artaudian cruelty⁵⁹ into the performance. Artaud's passionate attempts to perform and think with sensation, to provoke a thought 'without image,' appeals to this research's efforts to elicit in the audience-artwork assemblage another idea of what the sensitized body can do – as much as what it refuses to do.

Moreover, in assessing audience interactions with the art text in *Gibraltar*, it could be argued that speculative writing and mapping strategies of combining and assembling discrete bodily compounds with semiotic acts were instrumental in causing affective relations to cut through time, effecting *incorporeal transformations*.⁶⁰ Specifically, incorporeal transformations take place via speech acts as a function of order-words in language, of indexical and demonstrative expressions (e.g. 'I pronounce you husband and wife'). Incorporeal transformations produce instant and, within the sphere of art, transient surface effects among bodies in the form of symbolic gestures and events. In *Gibraltar*,

⁵⁹ When speaking of a 'Theatre of Cruelty,' Artaud does not suggest an onstage representation of physical or emotional assault but rather an assault of the senses which implies a sharpening of the audience's attention to repressive forces exercised on humans by external things, institutions and regulations. According to Artaud, it is the duty of the theatre to provoke an embodied insight, cruel as it is, that we are all in shackles, never free (Sontag, 1988, p. 256).

⁶⁰ Incorporeal transformation is a Deleuzo-Guattarian term related to collective enunciations, which are transformations where change occurs at the level of expression rather than in the 'hardware' composition of the body. While incorporeal transformations affect the order of the body, they do so without being related to the order of cause and effect (Bryant, 2011).

incorporeal transformations were engendered for example when discrepancies were revealed between the guide's detail-oriented information about the poorhouse's organisation – statements delivered with the certainty and gravitas of a historian – and actual, everyday activities and accidental events on-site of the campus. This kind of tear in reality was vividly manifested at Stop Two of the walk when a pedestrian cutting across the campus courtyard was caught unaware by the guide and implicated in the narrative as an inmate arriving 'on foot' to the Workhouse.

The Guide to the audience:

At Gibraltar, there is farm and pasture land, and a hospital garden. On the premises, there is an administrative building including a doctor's apartment, a separate residential block for staff, and an economy building containing a laundry, bakery, a kitchen, and a dining hall, and of course job opportunities within these places. Across the avenue, at the gatekeeper's house, which you can catch a glimpse of through the foliage, is the entrance to Gibraltar. People pass through the entrance gate as they arrive to the workhouse voluntarily or by committal. They arrive on foot [Guide points at random pedestrian passing by], or in an ambulance carriage. Let's walk over there!

(Willenfelt, 2017, pp. 5-6, Appendix 2, p. 153)

An over-emphasis on diegetic elements in the scripted walk prompted a rift in reality by which a symbolic transformation of certain embodied elements took place. While the bodily integrity of the pedestrian was kept intact, the individual's social script and status changed. The way this body now communicated and interacted through expression had undergone a real transformation, from passer-by to workhouse inmate. While the moment of transformation of this particular case might be an event lived only transiently by the participants of the walk, it serves as a real example of the immanent relationship between the illocutionary force of speculative writing; the statement, instruction, order, and the act of performing language (linguistics' *speech act*) within the sphere of art. While performative speech acts in everyday life certainly transform reality, for example turning a man and woman into a groom and bride, what is specific about performing the same speech acts in artistic practice is that they affect more than just the surface level of bodies. In

contemporary arts practice, these acts displace entire contexts of meaning and, in addition, create new ones. They bring about temporal dislocations and disruptions and a transversal travel signified by an oscillation of the audience-artwork between now and then, here and there.

A conjuring up of transversal travels and displacements in a rearrangement of intensive, affecting topologies was furthered in *Gibraltar, A Walk with Disturbance* by instruments pertaining to biopsychic mapping. In its capacity as an urban and inter-embodied, relational practice, biopsychic mapping offers means of mobilisation other than movements in extension, such as walking and moving through public space. Instruments for movements in intensity here include the figures of illocution discussed in this chapter: speech acts provoking incorporeal transformations, performing by allusion and anachronistic play of inter-embodied suffering. It should be noted that 'performing by allusion' differs from the analogous parallelisms addressed as an art writing strategy; e.g. the hypothetical parallelism, of parallel realities cutting trans-historically: such as the connecting up of 20th century's hysteria and 21st century's Chronic Fatigue Disorder. It also differs from a structural analogy that is delineated in the research (e.g. of suffering pain, art and passivity). Performing by allusion instead takes the shape of an embodied critique, conceived in the text-audience encounter. The mindfulness exercise in the *Gibraltar* work is an example of performing something inherently critiqued as an instrument for the current hardened working climate, its policies and rhetoric.

Discussions

Discussions sets out to account for the sets of artistic and theoretical tools mobilised for rethinking and remaking, i.e. reconceptualising, the body in (chronic) pain and its capacities. For analytical reasons, this main chapter is divided into three parts, each centring on one of the following notional motifs: *pain as practice*, *pain as site*, and *pain as subversive force*, developed through the progress of this artistic research. In practice, these conceptual tropes are interdependent and irreducibly entangled realities.

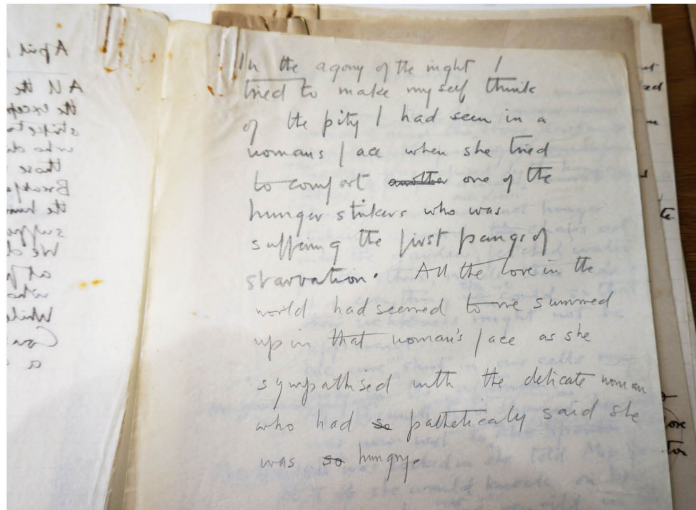
Pain as Practice

This research is keen to acknowledge that the impact of re-engaging the archive depends on the capacity of the artist practitioner (and at a later stage, the audience) to experience the affects of the encounter with a material. It proposes that one's ability to think with sensation is intimately connected to an attention that is passively awaiting rather than actively anticipating what comes next. This first chapter of *Discussions* will look more closely at the role a foundational passivity plays in enabling affirmative readings and practices of chronic pain within the sphere of art. Corroborated by recent studies in philosophy of aesthetics (Habib Engqvist and Hjertström Lappalainen, 2018), there is a passivity at the heart of creative will that is well-worth exploring.



Figure 29

TKAG 1/4
Draft
autobiographical
account 1



In the agony of the night I
tried to make myself think
of the pity I had seen in a
woman's face when she tried
to comfort another one of the
hunger strikers who was
suffering the first pangs of
starvation. All the love in the
world had seemed to me summed
up in that woman's face as she
sympathized with the delicate woman
who had so pathetically said she
was so hungry.

Figure 30

One's affective dependence on the vital passivity of a life of pain becomes remarkably clear in the presence of personal witness statements, diaries, and patient records. Unable to touch, know, or live the actual pain of another, one can still suffer the effects of the connections, relations, and communications of its transversal affects, whether these are affections of sadness or joy. On an embodied level, these affections are instantly coherent; they make sense to sensation, so to speak. They might, however, be more difficult to dress in words. Especially since feelings and emotions are seldom taken into account as evidence or validation of more established forms of knowledge production.

‘The juxtaposition in *Frenzy to Cure* of past and present events had primarily a sensuous effect on me, it affected me beyond the cerebral insights of my PhD research into the circumstances of the poor relief system in Sweden during the 19th century.’

(from *Att minnas ett nytt förgånget*, Davidsson, 2019, p. 4)

During the early stages of *Frenzy to Cure*, social studies scholar Tobias Davidsson's 2015 PhD dissertation *Understödet rationalitet, en genealogisk undersökning av arbetslinjen under kapitalismen* served to inform the group about the rationale of the 19th century poor relief system in Sweden (as well as its correlations with contemporary liberal attempts to restore a more strict version of the so called 'work strategy' (*arbetslinjen*)). Davidsson participated in all of the works of *Frenzy to Cure* as an audience member. In light of this experience, Davidsson reflected on his own work in an (unpublished) piece of writing, sent to the curator Maja Hammarén in 2019. One insight provoked by the performances, Davidsson states in his text, concerned his relationship to the source material he encountered in archives throughout his own research. While he was indeed moved by the material, he acknowledged with some frustration that the distant form of reading, as a necessary feature of collecting data within certain academic models of knowledge production, prevented him from freely conjuring up more emotional scenarios or images of individuals' everyday problems that were documented in the archive (Davidsson, 2019, pp. 2-3). From Davidsson's account, it is safe to say that his position as detached observer decreased his scholarly capacity to be in touch with the full range of his affective and emotional registers. This research suggests that a mode of thinking through and with sensation increases and adds knowledge that extends

beyond scientific methods of validation, compensating for the connections to and with reality that are often lost for the academic researcher.

In my capacity as artist/composer/re-framer, I am equipped with means and procedures different from those of the social science researcher. Similar to qualitative methods frequently used in the humanities and social sciences, such as auto-ethnographic approaches, contemporary arts practice favours perspectives that are subjective and affecting/affective. The work of the artist, however, depends to a great extent on the ability to manipulate sensations and affects for an intended, extrapolated, or serendipitous effect. In the auto-ethnographer's work, sensation and affect are (welcome) by-products and/or parts of the research's mode of reasoning. However, seldom is the sole intent of auto-ethnography an appeal to the reader's sensible faculties. As an artist, compared to, for example, the historian, I can approach the same material, collection, and data from another angle of intensity and affect. In my work, I assume a position of exposure and amenability to the power of affect, reminding myself that thinking with sensation is to be struck, to submit one's sensibilities to vital associative events that do not emerge from a place of distanced reasoning, but rather from a structure reminiscent of the atypical anatomy of a life of pain and art, including chaos and an insistent difference. Over the course of gathering and selecting material – reading, connecting, rejecting, hurting, losing the notion of oneself – the leap between close and distant reading might unexpectedly, and even imperceptibly, be inverted, shifting one's gaze. A sensation of pain which just moments earlier seemed highly familiar, exclusively mine, can suddenly, on an embodied level, become imbued with a different intimacy. What was once a sealed and private experience, all too near and too 'rigidly' human, suddenly, through a qualitative shift in intensity, might feel far away. Still, my process is not a disembodied or disengaged experience. I experience an affection in close proximity to those I know well, but instead of rigidity there is lightness. The affective transformation might be due to the porosity of the mutual response-ability/reversibility with the other, with the outside, that I enter into through the process of affective commitment.

From a conventional image of thought of pain, hurt and suffering seem to pose a threat not only to the physical integrity of the body but also to the phenomenal self, which becomes blinded by these sensations (Scarry, 1985, pp. 27-157). According to Scarry's thesis, the

world that pain has shattered must be recreated out of its ruins, remade through the power of human imagination by invoking processes such as metaphoric play. However, managing pain sensations through analogical substantiation becomes problematic for the body in chronic pain, which, it has been established, must indefinitely endure the rhythms of pain's affective call. This prospect for the body in chronic pain risks making the recreation of the sufferer's world through imaginative practices ineffective, life-negating and, in a Spinozist sense, reality-decreasing, inevitably perpetuating a return of negative affects.⁶¹ Accordingly, to adequately realise its potential, the body in chronic pain cannot take as its starting or end points a conventional image or script of the body. This research adamantly believes that attempts to maintain standards and customs of a conventional script of pain, in most instances render the body in pain less capable, since these conventions instil in chronic pain sufferers debilitating feelings of hopelessness, despair, and alienation.

In an effort to remain close to the obdurate insistency of chronic pain, this research asks if there is any way to tap into the ontological specificity of this mode of being by making it the solution to its own putative problem. Could pain itself be the solution within the problem, as instead of shattering worlds it can generate thought and create new structures through promoting a vitality and creativity in the passivity of suffering affect? Poststructuralist thinking and its critique of classical humanism offers some contextual elbow room for the present art practice to perform the problem-solution in a reconceptualization of pain practices. Post-humanism (Deleuze and Guattari, Haraway, Varela and Maturana) and the more recent wave of new materialisms (Braidotti, Bryant, Tsing, Bennett) often reiterate the words and world of Spinoza, that the degree of a body's power (potentia) has nothing to do with what kind of body we are, or its function, but with what your specific body can *do*. Spinoza's deterministic perspective defines all beings by their capacity for self-expression. Individual being is a singular, finite, qualitative expression or mode of the total and infinite power of Being (Substance). A human individual counts as a *modus*/mode. Each mode of Being is of the same ontological material, expressed qualitatively and uniquely through the

⁶¹ Note that similes and parables have proven productive for both chronic and acute pain sufferers in coping with pain, and articulating and making sense of it 'when language runs dry' (Biro, 2013, p. 16). The invocation of metaphoric play may assist in taking the worst sting out of the hurt by temporarily anesthetizing the rhythm of pain through overriding and displacing it. In contrast, the use of illness as metaphor has been criticized for the way it mythologizes illness, and, by doing so it stigmatizes and isolates the patient (Sontag, 1991). It is therefore important to distinguish benign, therapeutic metaphor-making from conventional and harmful appropriations of pain, illness, and bodily tropes.

parallel attributes of thought and extension (an attribute of Substance that is extended yet indivisible, and of the same substance as thought) (Spinoza, 1996, p. 70). In Spinoza's monistic worldview, all being, as modes of Being, are perceived as different degrees of reality, yet they are of the same substance. The more a mode is able to assert itself by being the active cause of its affections, the greater is this being's degree of reality, and perfection, to use Spinoza's language (Spinoza, 1996, p. 22). In light of this, the body in chronic pain, owing this pain to external causes (insofar as pain is involuntary), would constitute a lesser degree of reality. However, insofar as the body is not the sum of its parts but of its capacities, it is not limited by its individual traits, but only by its capacity for change, in effect making individuals comparable only to themselves. Thus, as declared by Deleuze and Guattari, the only limit that life sets against itself is not made by the body but by the organisation of the body via the logics of law, habits, and norms (Deleuze and Guattari, 2004, p. 171). Against such organisations, this research claims, the body in pain can assert itself in the same capacity as – or even to a greater degree than – the normatively 'healthy' body.

Rosi Braidotti, one of the more prolific contributors to the new materialism debates, discusses the body in pain in relation to a sustainable ethics (which she uses interchangeably with the term 'transformative ethics') (Braidotti, 2011, pp. 761-850). The philosopher invokes the body in pain when positing the ethical subject as a new subject category against the universal moral subject.⁶² Braidotti critiques universalizations of the category of the moral subject for their tendency to uphold and reproduce unsustainable communities of sympathetic alliances that transcend the embodied experience of the pain of the other.⁶³ Hence, these types of pain practices deprive the body in pain of its potential to take many possible forms and, subsequently, of effecting affirmative non-normative relations and expressions. Like other poststructuralist conceptions of subjectivity, a transformative ethics locates the de-personalised and de-psychologised subject as a will in a relation of force to

⁶² Notably, as Braidotti points out, to position oneself against subject positions of moral philosophy and value ethics does not imply a favouring of moral relativism or nihilism. There are poststructuralist theories that indeed offer valid options to the binary of idealism-relativism, and equally cogent approaches to ethics proposed by scholars such as Michel Foucault (an ethics of self-government) and Luce Irigaray (an ethics of sexual difference) (Braidotti, 2011, p. 783).

⁶³ Melancholia expressed as a sympathetic allegiance with the wounds of the other/victim forms an ecology of belonging which contributes to perpetuating a trauma or pain where an all too narrow 'politics of melancholia' prevents more sustainable modes of empathy from being expressed (Braidotti, 2011, p. 674).

force, as the power that shapes, directs, and subjugates force in relation to another. This subject is dispersed in a set of interrelations with both human and inhuman forces. Formed at the heart of a simultaneous touching and being touched, a metamorphic subjectivity conditions the production of a coherent, stable subject appearing only as a by-product of passively synthesizing processes.

An affective ontology of joy stemming out of Spinoza's ethics and modal metaphysics has proven to be fruitful for uprooting a conventional image of thought of pain. It suggests that the body in chronic pain can be opened up more widely, one's capacities expanded through experimentations in intensity, with pain sensations used as a baseline for the calibration and organisation of larger inter-personal structures concerning the sustenance of life (for example, the allocation of work and means in a welfare state).⁶⁴ However, in the attempt to make use of pain as part of one's affective register, this research still finds a strict deterministic ontology of joy insufficient in providing benevolent and productive readings of *chronic* pain. If the prerequisite to an ethical, non-sentimental, open-ended and sustainable practice of pain relations is to affirm our own and other bodies in pain, even when these interactions and engagements are taxing, then we should also consider the affective call of (pain) sensations not merely as disruptive, but indeed as a creative structure/force upon which life is predicated. In order to level with one's potential, one must accept and affirm pain, and acknowledge the foundational and creative forces at the heart of a passive life of suffering itself.

Regarding a foundational passivity, there is a productive structural analogy to make between 'process' and 'body' and the practice of making art and the practice of suffering. That there is a metaphysical kinship between art-making and suffering passive affect has been confirmed by recent studies in the philosophy of aesthetics. Firstly, art making and suffering

⁶⁴ One example of how reality can be modified by taking the body in chronic pain as a yardstick is discussed in David Bissell's article *Obdurate Pains, transient intensities; affect and the chronically ill body* (2009). Without reducing the complexity of a life of pain, Bissell explores the capacity of the body to engineer pain affects through the practical nature of a pain-management program. Drawing from personal, anecdotal experiences of suffering chronic pain, Bissell considers affective and relational aspects of pain when confronted with the program's therapeutic techniques of *pacing, shaping and repositioning* (Bissell, 2009, p. 912). The outcome of the pain management-programme, the author attests, was an increased ability of the body to affect and become affected by new, different, and more desirable intensities. Although the relation between pain and the body persisted, the affective connection could be refigured as a consequence of the pain management techniques.

are both connected to thinking through sensation. Thinking through sensation is a logic of reasoning that corresponds to Deleuze and Guattari's concept of *disjunctive synthesis* (Deleuze and Guattari, 2009, pp. 12-16). The distribution of the sensible in disjunctive synthesis is passive and imperceptible, without any active synthetisation. The coming into being of the knowing subject presupposes and is preceded by active synthetisation of an embodied mind, or neural processes, while passive synthetisation can be described as pre-personal, embodied processes (in mind and elsewhere): contractions, contemplations, and excitations. Distributive reasoning is not a mode of being and thinking through the sensible that is exclusive to this research practice. If anything, as substantiated by Habib Engqvist and Hjertström Lappalainen (2018), passivity is the closest element to an essential feature of artmaking since it encompasses a logic related to the subject of Art, internal to the artistic process. Similar to chronic, non-intentional pain, the subject of Art is not intentionally positioned towards an object (although it engages its surroundings). Instead, the thing that the subject of Art contracts, contemplates, and suffers in a mutual embrace, is sensation. Analogous to the moment of art, which, to conscious thought, entails an empty form of time or a caesura,⁶⁵ pain affects are partially blindly lived; we cannot observe every single contemplation of pain. We know these gaps in consciousness in relation to pain as moments of blankness, as rendered by Emily Dickinson in her renowned poem *Pain Has an Element of Blank* (in Johnson, 1961, pp. 323-324). It is this ontological specificity of tearing open a slit or rift, a blind spot, in reality that the moment of Art and pain affects share. The empty form of time of the moment of Art and the artistic process have been described by artist Annika von Hausswolf as 'a situation [...] one does not know how one ended up in and which does not lead anywhere. That which preceded it did not lead up to it, and that which succeeds it does not belong to the situation' (Habib Engqvist, Hjertström Lappalainen, 2018, p. 46, my translation). The empty form of time in passive creation resonates with the experience of pain.

By alluding to ostensibly negative traits of pain, exaggerating them and spending time with them within a problematic context, this research aims to shed light on the vitality of passive engagements, of an endurance which Braidotti refers to as the 'ethical moment' of

⁶⁵ This version of time is not the passing of time but time in its pure and empty form. Time here is perceived as treated in Continental philosophy from Kant via Hölderlin and Nietzsche to Deleuze and Guattari.

transformation (Braidotti, 2011, pp. 761-850). The ethical moment of transformation is perceived in my own work as an experience that does not actively synthesise reality, nor is it fully inert; instead it *insists* as intensive instances across a life. Suffering, like Braidotti's endurance, infuses a vital force (an imperative) into the ethical subject. The ontological specificity of pain as a seemingly inert moment that prevents movement rather than supports it, is therefore alluded to, rather than denied or discarded, in the various art texts and their instalments. A trans-historical perspective of what it can mean to be a body in chronic disturbance, affect, and constant change accompanies the delivery of the art text. The unconstrained, unforced participation of audience members, most notably in *Gibraltar*, *A Walk with Disturbance*, opened the art text up to the contingency of affect and allowed the passively awaiting occurrences to make themselves 'heard.' As expressed by one audience member:

It was a good thing that we as 'visitors' got to participate in the project by moving from room to room. The whole thing was open enough to give free scope to us – the 'audience' – without actually demanding anything. I am normally not good at taking in a lot of text but I got a lot out of the experience despite this.

(Artist and producer, my translation)

This audience member's response substantiates that engaging with the affective structures of the art text enriches the perception and experience of the work, and makes a passive potential of pain more robust. Thinking with sensation prompts affective movements of change without necessarily engaging the imaginative and cognitive processes involved in reading comprehension, allowing the audience to be seized and informed by the material.

The thesis that a life of pain always precedes context and culture, along with the institutions, regulations, and political policies that regulate the body in pain, permeates my entire research process and all of my artworks. In *Gibraltar*, counter-scripting methods performed pain as practice where pain expressions and life were taken as a vital passive ground, implicit in the ideas behind the structures of a medical, economic, or social system. The art text suggested that these system end up subverting their own message of institutionalised pain

regulation through their very adherence to rational, objective forms of discourse and reasoning that fail to acknowledge the power and the nuances of the vital passivity of suffering. The art texts were not shaped in response to the current institutional dynamics but rather to discrete cases of pain and suffering in both the past and present. Take the performance of the art text in *Gibraltar, A Walk with Disturbance*. In a more traditional, culture-historical approach to a city walk, the buildings, renowned architects, and spectacular historical events would normally be foregrounded. These formally recognised elements then would shape the text of the immediate environment within which the inter-embodied audience-beings would become entangled, and to which their senses would adjust. In *Gibraltar*, a context for the work/art text only partially came together, and its discursive realisation was dependent upon the pre-existence of suffering's implicit qualities of vitality and creativity. In this way, a life of pain became the subject of experience and, in turn, shaped the story of the institution. Practically, this turn occurred by situating the audience *in medias res*, amidst a set of circumstances, without preamble, sending the participants of the guided walk directly into the immediate workings of pain. The scripted walk commenced with a story, told from a first-person perspective about the artist's (my own) life of pain, before introducing the background context of the Gibraltar Work and Poorhouse. This ingress was very important because it tied together relations of pain, threading them through one another across time. Thus, a coherent critique of a system or institution was always presupposed by a weaving of pain relations within the art text. In one written, post-performance feedback note, an audience member recalled the crystallisation of a critique in shape of a strike on their senses:

‘[The] passage [in the script] on foundational sensitization/sensibility presented in relation to the idea that the body in pain must be treated and rehabilitated, really hit me.’

(Medical student, my translation)

It should be emphasised that it is the firm position of this research that passivity is not in opposition to activity or even separate from it. Likewise, sadness is not in opposition to joy, or passion to action. According to Habib Engqvist and Hjertström Lappalainen, passivity is an intrinsic and indispensable component of activity, without which the material

transformation, or the materialisation of a material into a work of art, cannot occur (Habib Engqvist and Hjertström Lappalainen, 2018, pp. 83-84). The description of a contemporary concept of art founded on passivity proposed in recent studies in the philosophy of art speaks directly to this research and the putative problem of pain, which could be said to lie at the heart of the conflict between organic (the organised body) and inorganic life (affecting intensities), between active creation/being the active cause to one's affections and passive creation/the passively received 'shock to thought' of new materialism and non-representational theory.⁶⁶ While new currents in the philosophy of art seek to locate a positive presence of (the force of) art in nearly vegetative states of passive contemplation, this artistic research project endows sufferings of chronic and obdurate pain with vitality and world-making qualities, without reintroducing a binary division between practices of mind and body, or between embodied structures of thinking and feeling.

Pain as Subversive Force

Inasmuch as the body is required to exert active affects, and assert itself to increase its power,⁶⁷ this research concludes that a purely deterministic ontology of joy is somewhat limited in accounting for chronic pain as a moment of life that might increase the body's capacity, rather than exclusively decreasing it. Informed by theories in the philosophy of art, extrapolated to the subject of pain, this research attenuates this shortcoming by suggesting that the coming-into-being of all realities is dependent on a passive force of life, a force that does not act but rather insist. Most people might not agree that the hardships of chronic pain can be connected to contemplative, recumbent, or creative states associated with the subject of Art. To regard one's life of pain as an untapped resource might not be the first thing that occurs to those who are customarily encouraged by the powers that be to get

⁶⁶ In traditional humanist-cum-phenomenal approaches to the body in pain, the act of creating presupposes intentional objects only insofar as the intentional act also implies the participation of the imagination of an active human mind. It is true that through tools and acts of making people become implicated in each other's sentience and bodies (Scarry, 1985, p. 176). In this study, however, the analysis of inter-embodied acts of pain exceeds the confines of the human mind and a language of agency to include more-than-human life and matter. Bodies, inorganic matter, organic matter, and intensities fuse into compounds or assemblages, which change how the inter-embodied experiences of pain are cognized and communicated.

⁶⁷ This occurs when the body is the cause of its own affect, i.e. when an effect follows that is not the product of automatic reactions or 'passions' suffered in moments where the body acts only as a 'partial cause' (Spinoza, 1996, p. 167).

back to health, 'normal' functioning, and, most importantly in a production-centred economy, back to work. It is more likely that one submits to feelings of inadequacy, imperfection, and resentment in the face of life promises that in suffering seem impossible to attain. The new life, even if endurable, appears far from perfect. The inability of the body in chronic pain to perform or produce in accordance with dominant cultural values renders it a spoke in the wheel of capitalist desire. However, as proposed by this research, an increased bodily sensitivity to stimuli can be regarded as an advantageous mode of being insofar as it encourages the body to discard conventional routines and ideas of productivity that shackle the individual to the treadmill of capitalist (negative) desire. With that said, this research does not endorse or propose inflictions of pain for the sole purpose of being active or creating active affect, but rather for instigating explorations within the specific conditions and demands of a given body or scope, to tap into existing embodied knowledge already brought about by a life of long-term pain.⁶⁸ The research maintains that the body in chronic pain is a potential transformative vector for change due to its unique pace and rhythm, involving traits that point to its capacities as much as its incapacities.

I have been invoking the philosophical trope of the Body without Organs as a parallel process to the organic body, to propose discussions and performances of the body in chronic pain as a subversive element for change (social, economic, ideological etc.). Notably, the BwO is not a metaphor for the body in pain, but rather a conduit for the body to access parts of reality that the individual cannot access through the embodied mind alone. As an emancipatory practice, however, the BwO of pure intensity is seldom a sustainable pick. This fully deregulated variant of the BwO exposes the physical and phenomenal body to the highest degree of intensity, to the point where all activity, all production stops. Too fast for

⁶⁸ Although this research does not explicitly put actual living bodies at risk in ways that resemble the works and practices of Abramović and Ulay (1980), Odell (2009), or Flanagan (Kirby Dick, 1997), as an advocate of the fertile land of experimentation in pain intensities, a word of caution is still duly required. Accordingly, this research does not support a forced practice of active pain affects which might lead to the uncontrollable or even lethal uprooting of a life. Additionally, when it comes to the body in pain, self-inflicted pain, clinical pain, and other forms of pain might come to bear active affect, being the cause of their affections, but it should be noted that these practices are not always benign, i.e. they do not necessarily optimise the individual's adaptation to its environment in a way which also secures the body's survival, whether that concerns the body in a social or medical sense. Examples of pain practices that might be equally harmful and emancipatory have been accounted for in Deleuze and Guattari (2004), and commented on by their respondents and critics (Buchanan, 1997; Arsic and Lambert, 2005; Eriksson, 2010), including behaviours of the drug addict and the anorexic, and the practice of the masochist and their suspension of pleasure by the insertion of 'impersonal pain waves' (Deleuze and Guattari, 2004, pp. 165-184; Arsic and Lambert, 2005, internet; Arsic, 2007, p. 158).

cognitive processing, the BwO of pure intensity is the dissolved self proper: pure immediacy, pure difference in intensity. To understand the utility of the BwO for the body in chronic pain, it might be helpful, albeit somewhat crude, to compare the BwO of pure intensity with the body in traumatic pain. Traumatic and acute pain, which fully destabilise the body, coincide with the full BwO's paradoxical traits of being simultaneously all too present and non-present, equivalent to losing one's footing. Jane Bennett paints the following picture of the self-contradictory nature of this degree of intensity (of pain): '...a striking sensation or acute flash of pain is pure affect, and at the same time no affect. The exclamation *'It hurts, I can't feel anything!'* bears witness to this' (Bennett, 2005, p. 5). Viewing the body in pain through the lens of the full BwO, one catches a glimpse of the potential but also the danger of the emancipatory function of bodies that tend towards the outer limits of organised life. To unleash the BwO without any control is a practice laced with danger. The deregulated BwO of pure intensity is a body 'without an image' that does not care about the survival of the body-organism, a problem discussed in Deleuze and Guattari's schizoanalysis of Late Capitalism's unregulated and unstoppable body without organs. In disguise, a malignant form of BwO appropriates all surplus production, 'arrogating to itself both the whole and the parts of the process which now seem to emanate from it as a quasi cause' (Deleuze and Guattari, 2009, p. 10). Chronic, long-term pain is, on the other hand, often less intense, even low-intensive, but it is incessant; it is constantly there as an extra-being in life. With the extra-being of pain as a constant companion, this research suggests that an outer part (of the limit) of life, a 'slice' of the BwO of pure intensity, persistently reveals itself and accompanies the body in chronic pain. Accordingly, the body in non-acute, long-term obdurate pain maintains an intimacy with the BwO of pure intensity which grants these bodies a status as hubs of silent murmur, disorganisation, and change.

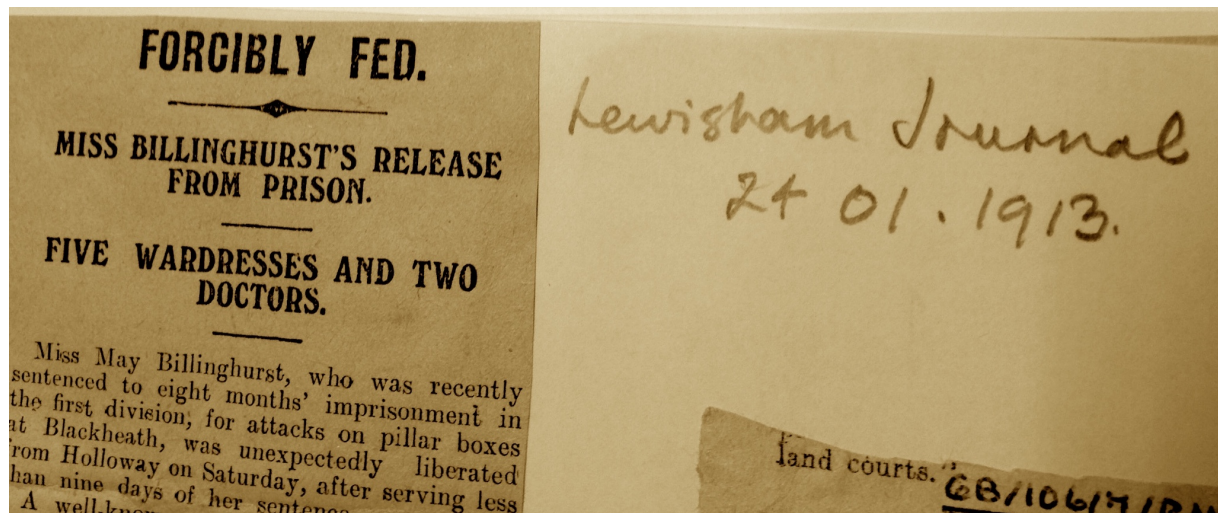


Figure 31

In the ongoing circulations and exchanges of intensity, change may occur through semi-autonomous, self-imposed, micro-political strategies. The art text of *May and the Potentiality of Pain* was an attempt to assert the advantages, possibilities, and even benefits of persevering in chronic pain affects.

May attests to the following:

‘I just laid on my back and endured it all. I remember entering the prison on the Thursday, successfully refusing to take the supper provided. I was not so lucky in finding an opportunity to hide my dinner and the guard who came into my cell looked at my untouched dinner and asked if I was on hunger strike. I admitted I was. On Sunday afternoon I felt very weak and I fainted on the floor.’

(Willenfelt, 2015b, p. 3)

*

‘Something significant is taking place when the hunger striker’s body is overtaken by intensive pain waves. Production is suddenly disabled, obstructed by a blunt resistance with a threshold of production of zero degrees. Having rendered the body almost completely reactive, uneconomical and unaffected, the system is then rebooted. Production starts over but there is a qualitatively different sense to it.

In the irrevocable act of becoming-intense, becoming-incorporeal, -world, -imperceptible and so forth, pain waves effectuate a transposition of all values. Traversing and populating the organs, they do not reject them. Instead, they perform a reorganization of the entire organism. By exceeding and outwitting its determinations, intensive hungering dissolves the reproductive work of the organization that subsumes intensive life of the body in pain under a system of the same, where it can be consumed as the lost object; an object of mourning.'

(Willenfelt, 2015b, pp. 5-6)

The citations above describe processes and reflections of becoming within singular, specific instances of pain. If taken to the limit, as the speculative writings of this research suggest, modes of suffering might assist in engendering healthy becomings, transforming social life in the process (altering values and norms, and contributing to the dissolution of social taboos). That the body in chronic pain lives closer to transformational limits is an assertion tested throughout the practice of this research. In *May and the Potentiality of Pain*, one could argue that the work begs the question that a subversive potential in suffering (self-imposed hunger) was in fact already presupposed in the idea of the artwork, before commencing the garnering process in the archive, rather than surfacing as an effect of the artwork and its methodology. The visible effects of the suffragettes' struggles and pain practices in early 20th century society (the pathos and outrage amongst the population that elicited new and collective enunciations and paradigmatic shifts, or, what we like to call 'real' change: gaining women's suffrage), would thus have been taken both as starting and end points of the project. The initial correspondence with the Women's Library staff (see pp. 34-35 in this thesis), could evidence such an argument. However, there is an important distinction to be made here. While the subsequent art projects in this research took peripheral, less 'successful' or prominent incidents and life stories as their subject, centring on performing particular forms of subversion in transversal gestures of contemporary critique, *May and the Potentiality of Pain* was the first work in this series to test the capacity and propensity of the body in *chronic* pain for taxing yet creative becomings. The work thus first and foremost drew attention to the world-forming traits of chronic pain as a relation of *anti-production*, that is to say, to show that passive affect, inertia, and hindrance also are gateways to the other side of language, to the outside of meaning, to embodiments characterised by silence

as well as full intensity. Thus, the work aimed not to point to hunger and self-inflicted pain as successful political tools of social resistance, but to shed light on how long-term pain sufferers persevere in a conflicted mode of being, and how these bodies, while seemingly passive, reactive, and not economically productive/profitable, still develop capacities for coping with a thinner, slightly cracked, outline of the body. This objective was attempted through language-based forms of artistic expression, which in themselves promoted non-representational attempts to capture pain's affecting/affective relationality.

In *Gibraltar, A Walk with Disturbance*, the art text rearranged an affecting/affective topography of the present-day campus, not by reconfiguring physical structures or scenery but through modifying affects through incorporeal shifts in the text vis-à-vis the site. The insertion of virtual elements created sudden and momentary discrepancies, lived by the audience, between the information present at the site and that presented in the art text. The discrepancies between text, body, site, propositions, customs, and concepts were thus found to have a latent subversive function. Most notably, order-language invoked a problematising context of heterotopic juxtaposition⁶⁹ of affecting/affective intensities that disturbed chronological narrative arrangements and the social status of bodies moving through the site. The latter was manifest in the Gibraltar walk through immediate declarations involving, as previously noted, the intended audience as well as 'civilian' bodies and their incidental and contingent involvements in the art text.

Another attempt to reroute the context of meaning in the *Gibraltar* work, and perform the site as an inherent feature of a proposed practice of ethical pain relations, was to conjure up the hysteric in ways that diverged from the image of hysterics circulating in popular culture. In the walking tour, a life of hysteria was called forth speaking directly to the impact the expression of individual hysterics had on the medical paradigmatic shift surrounding hysteria, which took place at the turn of the 20th century.⁷⁰ Evelina, Sophia, and I all

⁶⁹ 'Heterotopic juxtapositions' is here used in reference to an aspect of Foucault's concept *heterotopia* (Foucault, 2002), which enables contradictory realities to occur in a single space.

⁷⁰ The concept of hysteria has an amorphous and inconsequent history. Due to these attributes, it has been compared to the history of dirt by Elaine Showalter (1997). From Karin Johannisson's thorough examination of the cultural history of affective pathologies (2001, 2010, 2016), we learn that hysteria is as much a cultural diagnosis as it is a medical one. Within the Gothenburg poor relief system around the year 1900, hysteria was labelled as a bodily illness. In other cultural contexts, parallel theories dominated. Most popular and widely spread however is the notion of hysteria as defined in psychoanalysis, with Freud's conversion syndrome and Charcot's traumatic hysteria. The aesthetics and iconography of

embodied potential versions of ourselves, serving to overwrite dominant narratives of medicine, work ideology, and social responsibility. A radicalised group of women took on, performed and greeted obscure expressions of pain, which directly contradicted official histories and codifications of specific diagnoses, illnesses, or anomalies, as well as their established forms of classification. Changes to the social field pertaining to prevalent perceptions of the diagnosis of hysteria could thus be effected in the work through a displacement of hysteria's accepted context of meanings and syndromes. This displacement took place through a collaborative performance of speculative and suggestive scenarios in the art text that raised questions about medical and economic models of care and cure in both the past and present. Mirrored in the bodily interactions and affective engagements of the audience, a critical gaze could be rerouted to values in contemporary Swedish society and its diagnostic, semantic, and caregiving trends. In this way, while the research practice did not move into discussing a meaning of pain, it did engage in transferring the phenomenon of pain to a new context of meaning, evoked by its own affecting intensities.

In the walking tour at the former Gibraltar Work and Poorhouse grounds, a performative critique, suggestive of the hurting and fatigued body's capacity to transcend its given limitations, extended itself into the present day. That the mode of being in chronic and long-term pain is simultaneously an expression – a unique mode of being of the world – and a lived, embodied criticism/reflection was corroborated in an audience member's post-performance feedback note.

[The] questions about my career⁷¹ reminded me of the enormous demands one puts on oneself, demands which do not go together with semi-poor health. When I contracted my back problems, I had to abandon concerns over things like my career, and follow my heart instead. One does not fit in as well anymore (*or maybe one does?*), but one feels better.

(Artist and producer, my translation and emphasis)

hysteria was during this era regulated by what could be called the 'theatre' of medicine (grounded in a co-dependent relationship between the doctor and *his* sometimes renowned patients) (Showalter, 1997, p. 18).

⁷¹ The participant here seems to be referring to the questionnaire *Take Control! A Fitness Test for Your Career* provided at Stop Four, but their overall testimony raises broader thoughts on value, identity, and self-governance.

In conclusion, this research suggests that the body in chronic pain has the capacity to facilitate new scripts of suffering, which challenge and transform negatively suffered affects ensuing from damage, neglect, or misrepresentation. A foundational passivity assists in changing the perception of the movement of suffering, of enfolded and unfolding pain waves or pain intensities that prevent the body from reproducing realities incongruous with the body in pain. In the first instance, therefore, the body in chronic pain that stays true to its sensibility becomes subversive merely by virtue of its specific rhythm, as a consequence of being in constant distress from pain affects. It also becomes a testament to (rather than a representation of) its relation to an aspect of life that many people do not have to face on a daily basis, a life of pure intensity. As suggested above, the combination of the words ‘subversive’ and ‘passive’ is not a contradiction in terms. Instead, the open-ended approach to knowledge that artistic practice and research invoke, together with the idiosyncrasy and singularity of the methods and modes of expression of the present practice, makes a unique contribution to a cross-disciplinary discourse (engaging various fields such as the history of ideas and science, political science, philosophy, and aesthetics) depicting suffering as a mode of resistance to capitalism (Deleuze and Guattari, Berardi, Manga).⁷²

Pain as Site

Letting the art text, regardless of its design, format, or mediated inflection, meet an audience, is an exciting event. If successful, it is the moment where the counter-scripting methodology can bring about a qualitative change, a phase transformation of bodies, concepts, and places.⁷³ In this moment of transformation, elicited by the agency of the artwork, a transient incorporeal monument arises, *insisting* in intensity rather than extending into space. This research conceptualises and refers to such a proposed intensive

⁷² In her talk *Depression as Subversive Act* (2015, my translation), cultural theorist Edda Manga discussed the connection between treatment and the over-medicalisation of depression as a form of political repression insofar as it succeeds in restoring the depressed as a well-functioning individual within an economy of late capitalist desire. In the practices of privation, apathy, and dissociation, the author identified a subversive potential and a position, certainly an extreme position at times, wherein the lethargic body exists beyond its subsumption to capitalist desire. Franco ‘Bifo’ Berardi finds a correlating body of resistance in an imminent, inevitable neuroplastic revolution of bodies no longer able to accelerate and produce in accordance with *semio-capitalist* demands (Berardi, 2015, 2017).

⁷³ This involves actual, corporeal changes, as well as incorporeal and symbolic ones.

monument of suffering in the sphere of art, and by way of the artwork, as pain-as-site, to which the concluding part of this chapter will now turn.

The coming into being of a notional pain-as-site in many respects relies on the audience's engagement with the affecting archive activated in the encounter with the artwork. What is 'told' or conveyed in a specific work is always contingent on what is 'said' on the receiving end, in terms of how the audience response and intervening affect feed back into the work. One way of approaching the process of becomings-with the pain of others, in the making and the reception of a work of art, is through tapping into the abundance of affect, in the virtuality of the moving archive. Characterised by a surplus of affect, the affecting archive is not a static container of records. On the contrary, the affecting archive is a vital element of the artwork, redistributing and rearranging time and sense and affecting our memories, as well as our past and future experiences.

In everyday life, we distinguish between an abundance of impressions by breaking them up into bite-sized pieces, reducing them to representations of a reality whose (virtual) potential far exceeds our cognitive abilities.⁷⁴ The moving archive is intrinsically an opaque yet attentive process, the opposite of a lucid dream. It is a living document cutting through time. In *Difference and Repetition* (2004, pp. 214-274), Deleuze introduces the notion of a *past that was never present*. The past that was never present is a problematic figure of thought, but it directly addresses the virtual sphere that is equally as real as current and existing actualisations (in this case of pain, i.e. norms, customs and interpersonal practices surrounding pain behaviours). In short, everything that passes becomes past, but each passing present remains part of a passively synthesising whole, a changeable archive which is expressed as variations in each new present tense, every new lived moment. These embodied and virtual processes are not exclusive to this research, or even to artistic practice. However, an exaggeration and strategic use of the model of affect assists this

⁷⁴ Unfortunately, what goes amiss in habitual behaviours of the affective capture of reality is a certain openness to phenomena like pain, which pose as threats or inconveniences and therefore are seen as needing to be contained and reduced to manageable linguistic and symbolic units, seemingly devoid of the potential of the ever-changing record of the moving, affecting archives. This is where a Nietzschean, affirmative approach to pain and loss comes in handy. Nietzsche does not merely offer a critique of the human being who is blind to the degree that they desire their own enslavement; he also accelerates this critique as he aphoristically dictates how loss must be welcomed and accepted. As Spindler puts it, loss in Nietzsche is not the opposition of affirmation. Loss is what is at stake in the eternal return: an affirmation of knowledge about the loss (Spindler, 2014, seminar notes).

research in accounting for the notional experience of pain-as-site. Informed by the figure of the past that was never present, the 'archives' of this research are virtual, intensive documenting structures. The affecting and moving archives are an integral part of the individual's experience yet they exist on an unconscious level where they contemplate and move between orders, series, and pockets of time, rearranging the totality of experience, which is then experienced in the present tense as a single capturing of the body in affect. As a virtual and reciprocal relation, the moving and affecting archives determine both present and future tenses, recalibrated by each new actualisation in the present. The very condition of reality changes in a way that allows for new potential experiences and ideas, bringing embodied being beyond representational thinking. The processes of the affective and moving archives do not discriminate between realities, between fact and fiction, or dreamt and lived reality.

In the *Gibraltar* work, both the artist-maker (in the process of garnering and adapting material) and the audience members lend their unique sensibilities and affectivities to becomings-with the art text in transformative assemblages of text-becomings. As previously mentioned, text-becomings are in this context not epiphenomena, as they indicate the transformative power of an artwork; they carry a specific configuration of a material and its affects when placed in a particular setting, context, or given a certain technical devising. The concept of text-becomings is the agency of the artwork. It constitutes the specific inflection of the subject of Art unique to the artwork. The audience's unreserved attitudes to, participations in, and feedback on the experience of *Gibraltar, A Walk with Disturbance* have been important witnesses to the transformative moment of text-becomings. As an irreducible part of performing pain-as-site, text-becomings reflect – and concurrently rearrange – moments of transformation taking place elsewhere in the conception of the work. There is a relationship between text-becomings of the materialisation process of the performance of the artwork and the assembling-reassembling processes of the material of the affecting archives. In brief, one could assert that text-becomings are the flip-side of the process of passive selection in the making of the work. Although the relation between these two instances of becomings-with is a virtual connection, it is nonetheless legitimate and real, affecting not only my (the artist-researcher's) sensibility in relation to the work, but indeed the contingency of pain for engendering novel effects in the embodied archives of the

audience-receiver. Asserting that becomings-with the artwork and its affects are legitimate confirms that they are immanent events, i.e. that the terms of the event are placed *internally* to the synthesis of reality. Hence, text-becomings must be conceived as passive, yet vital, occurrences, conducted not on the level of subjectivity but on the level of the being of the sensible. As the agency of the artwork, text-becomings are literal events, arising out of intersections between affecting, speculative fictions of the art text and the creating/creative, individual 'moving archive' that we each embody. Text-becomings arise not only out of a foundational passivity, in the encounter with an artwork, but they also carry with them a moving, temporal body of documents/archives, their own fields of experimentation.

The art text of *Gibraltar* not only conveyed a different image of past and present care contexts, it also provoked individual audience members to reconsider their own relations and encounters with the pain of themselves and others. As one audience member stated in their feedback on the walking tour, the work made them think and feel differently about their own experiences of long-term pain and illness. In fact, were they not more self-assertive, ever since the appearance of pain in their life? *One does not fit in as well anymore – or maybe one does?*

Hence, the moment of affective entanglement among the audience-artwork compound in *Gibraltar* did not merely consist of historical relations cutting through time, but of innumerable, sensible relations, of past and present. In relation to the particular forms of being of the sensible that we all are and express, the eliciting of text-becomings belongs to a process of mutual affectivity between all connecting parts of an artwork, to the relations of forces moving through an encounter (with a text, idea, system, structure, multisensory complex and so forth), rearranging how its parts connect. Thus, the intention for this research to reappraise and rewrite the image of thought of pain could not be actualised without a corresponding rerouting of the intents and desires of bodies participating in the artwork. Thus, the function, or effect, of pain-as-site is ultimately to disentangle pain from cultural constructs and expressions that repress and negate the body in pain. This disentanglement must occur in a mutual transformation in the artwork-audience assemblage, in moments of sharing pain.



Figure 32



Figure 33

To jointly share the experience of pre-personal pain among an audience is problematic due to disparities and differences in pain intensities and their varied forms of embodiment. This research therefore asserts that the moment of sharing pain is not a moment of recognition or identification with the pain of the other. Drawing from discussions in the subchapter *Pain as Practice*, it can be argued that the moment of sharing pain, if anything, is a creative

moment of confusion and even of blankness. However, while we cannot share the other's unique/individual intensities of pain and suffering, we can share what is common about the phenomenon, which, propounded by this research, might be the structure of *becomings-with pain* affects. This means that we cannot, even in the experimental sphere of art, share someone else's sensory experience of pain. We can, and do, however, share the event of suffering affect. This is an embodied experience that moves beyond experience of the reflecting ego-self. Instead of attempting a common or shared experience of (pure difference in) pain intensity, with the impending risk of giving in to exercises of transcending subjectivity and its principles of codification, experimentations in intensity in this study rely on facilitating an experience of difference in pain *as* the common mode of becoming. It could thus be proposed that a pain-as-site invokes, welcomes and performs the affirmation of a myriad of tiny disparate 'communities' of pain. This approach to pain-as-site is informed by reappraisals of the concept of community understood as a shared disparity among minorities (and the vague and imprecise concept of 'others'), as found in Alphonso Lingis' 1994 book *The Community of Those who have Nothing in Common*. Deleuze and Guattari employ the concept of *multiplicity* to denote a similar disparity, a kind of multiple reality that does not originate from, nor consist of fragments of, a unified whole (Deleuze and Guattari, 2004, p. 36). Informed by these concepts, pain-as-site does not feature in this study as a space for a dialectical work of reconciliation, but for putting myriad lives into play, in *becomings-with pain*, together yet separate. As described in the audience feedback on *Gibraltar*, the affecting and moving archive, activated by the art text, reabsorbs experience and creates a life of pain. It is the assertion of this research that a notional pain-as-site arises as a relational event in the moment of art, and depends for its conception on individual capacities to affect and become affected. Consequently, while there is no way to actually live out the pain of another person, the structure of *becomings-with pain* is the same among individuals and brings us together in solidarity and connectedness. As modes of beings, we consist of the same intensive matter or substance. The dynamic process of self-expression, however, the process of 'mattering' which precedes and ultimately effectuates the stable ego and any illness identity, is always specific and singular.

By invoking Lingis' postcolonial analysis on identity and community, a disparate complex of pain multiplicities can be mobilised as a challenge and disturbance to the hegemonic and

presumedly 'rational community' (Lingis, 1994, p. 10) that is sustained by the powers that be. The murmurs of bodies (all bodies) are silently contracting, singular events, but the experience of suffering is just that: a shared mode of being. In a notional pain-as-site, an engineering of pain affects attempts to illuminate those places that, often imperceptibly and quietly, examine how pain as concept and practice is constituted and, more importantly, how pain could be done differently. An engineering of pain affects is immanently attempted, disguised and cloaked transversally in individual life stories, discourses and conflicts, alongside their stratifications and determinations of bodies in pain. This work's meaning emerges through the silent cries of the art text, which extend themselves intensively, returning to the perennial question of what the body in pain can do. Only by coming together and creating a semi-stable monument of pain affects, affects that act differently on each individual body, is it possible to approach the effects of text-becomings within the scope of this research.

For the medical student who was an audience member in the performance of *Gibraltar* (see p. 104 in this thesis), becomings-with pain occurred in an affect between the chronic pain patient and the pain-management programme, revealing a reality at odds with the dominant narratives of what pain is, how it should be approached, and how bodies in pain should be treated. While the medical student's reaction to the art text might have been just what this research intended, other audience members would have responded differently. The being of becoming (the being of the sensible in operative terms) reverberates differently in each case. Accordingly, collective monuments of affecting intensities are disparate events that arise in innumerable ways. Just as the medical student had expectations of the artwork from within their specific affecting/affective assemblage, the audience member/collaborator who performed the script of Sophia in *Gibraltar, A Walk with Disturbance* had their own unique expectations of the art text. I learnt this as the audience member later recounted their experience to me. Within their own archive-assemblage, they had invented contexts and information that were not written, implied, or provided by the art text. The 'made-up' structures were simply the consequence of their personal engagement with the work. A mechanism of counter-scripting that enhances this proliferation of individual texts, appears to be the insertion of fictional elements into the coexisting narrative structures of past and present. One such generative element was incorporated at the final stop of the walk: the

hospital gardens. At this stop, the audience participated in a comparative reading of cure and treatments, ideologies, and welfare systems past and present, interlaced with actual and speculative fictional examples. One speculative scenario involved the character of Sophia as the instigator of a secret society of guerrilla gardeners at the hospital ward. While setting out an 'unauthorized' Mimosa plant in the garden, Sophia presented the idea behind this local resistance to the audience. For the audience member/collaborator who performed Sophia's role, the rapid, accelerated overlaying of cultural phenomena from different eras within the art text – the 'zeitgeisty' guerrilla gardening activities, the Sahlgrenska 'sleep uprising,' the injury suffered by misdiagnosis, and the trope of the Mimosa carried to the garden – that created a specific affect perceived by the collaborator in intensive moments of the art text. This affect remained intact in the collaborator's recounted 'recreated experience,' which also added to the work story of *Gibraltar, A Walk with Disturbance*.

As stated earlier, a piece of fiction can be viewed as a recreated experience, not just a created reality. From anecdotal feedback on the art projects, particularly *Gibraltar*, it is possible to extrapolate that that reality of the present moment depends upon its conception of the moving archive, or the virtual archive and a past that was never present. If this is true, then reality, it could be proposed – without falling into the trap of historical relativism – is always *created* experience. This conclusion is of course an implicit premise and point of departure in much contemporary arts practice. This proposition, however, corroborates my claim that one becomes-with the contingency of the 'text' of intermediate affect, sustained in the encounter with the agency of the artwork. It substantiates the thesis that we always desire from our unique position as inter-embodied beings and co-creators of a text. We cannot pre-emptively transcend the text, only endure it, and find ourselves already in it. The task of counter-scripting the pain of others for a notional pain-as-site is about listening and welcoming, connecting, and re-connecting, writing the murmurs and echoes of subterranean pain rather than recounting coherent stories and narratives of the 'intruders' of disparate communities of pain sufferers vis-à-vis the dominant, 'rational' community. Counter-scripting has in this research been developed and tested as a methodology for instilling transversal and immanent relations of pain into the works of art in this study. One such strategy has been to prioritize the function of the scripted life stories as examples of becomings-with the power (potentia) of pain, over the identification of these individuals as

mere historical figures. In travelling through these lives, delivering something shared to those who have nothing in common, to invoke Lingis again, measures were taken to place the terms (human desires, anticipations and habits that shape bias) *within* the event of pain affects, allowing for the being of the sensible to articulate the art text and populate its virtual structures. The biographies invoked were strategically mobilised as cloaks for uncovering ahistorical and asymmetrical connections, anomalous intersections, and linguistic discrepancies between the body in pain and conventional pain practices, actualised through a mutual exchange of affect of the being of the sensible in both artwork and audience. Counter-scripting is the style through which a place for being-in-common in pain within the being of the sensible can be performed.

Conclusions

This document has elaborated upon the intentions and achievements of each of the three artworks submitted with this research. The text has contextualised the art projects as a single unit in relation to related themes and currents of the body in pain in contemporary arts practice, as well as in key inter-disciplinary philosophical debates and discussions. In the assessment of the artworks, the main focus has been to identify and evaluate the functions and effects of a set of conceptual tools created in tandem with (and as a consequence of) the investigative and processual research practice.

I have put forward the thesis that the body in chronic pain is exceptional among sentient bodies in the ways that it can be perceived as a negation of lack, in an affirmation of pain affects and their confirmation of the plenitude of life. An affirmation of pain, this research has found, cannot be pursued without welcoming an abundance of affecting intensities and their contingencies. Counter-scripting has been presented as the artistic act of combining a specific tradition of thinking affect in continental philosophy with the tangible experience of suffering affecting intensities of pain (of self and others). As a compound concept and an experimental art writing strategy, counter-scripting enacts this research's attempt to radicalise a conventional image of thought of pain, to think and perform pain as a vital relation, a sustainable practice, and a site for change, transformation, and subversion.

The conceptual umbrella of counter-scripting has demonstrably worked as a 'spectral' research methodology. The process of testing new approaches to writing and performing the pain of self and others has been demonstrated as an exercise entangled in the re-articulation and deconstruction of dominant concepts and modes of thinking, treating, and practicing pain beyond the field of art. New forms and ecologies of writing with pain affects in this study have reflected its commitment to this double engagement. The devising of an ethical practice of pain relations, developed throughout this research practice in a process of trial and error, is an example of such refiguring engagement.

This reflective document has constructed an ethical practice of pain relations as an artistic attempt to touch and enhance the irreducible, experiential depths of affecting/affective relations of pain. In contrast to pain practices adhering to a dogmatic image of thought of pain, an ethical practice allows the body to engineer affecting pain intensities in positive, emancipatory ways. Looking further at the affecting archives at play in the *Gibraltar* work, it has been my conclusion that an ethical practice of pain relations, implemented through counter-scripting methods, is life- and reality increasing for the suffering self. It allows the body in pain to assert itself and throw off the shackles of social and cultural perceptions of suffering as a 'locked-in' state of being, cut off from generative encounters with its surroundings.

Counter-scripting has been conceptualised to comprise a tripartite process of garnering and selecting raw material, assembling and adapting texts for manuscripts, and performing those manuscripts as art texts. Moreover, counter-scripting has been implemented as a strategy for invoking effects that directly speak to the intervention, rhythm, and vital passivity of continuous, obdurate pain. The art writing and performance techniques of this research have been devised to suggest and assert pain's presupposition in discourse; to highlight pain's presence as a 'life-making' reality, redirecting de-personalised 'gazes' of events, sites, and individuals. Tactics have included analogies and parallelisms of hypothesising and speculative writing and fictionalising.

This research has conceptualised the notion of a site for sharing pain as a temporary

monument of intensity. Pain-as-site emerges out of many tiny materialisation processes through various artistic vehicles, including biopsychic mapping techniques, as elaborated in this text. Corroborated by practice, site-specificity has proven to be a contingent event within this work, wholly dependent on constitutive relationships between the related parts of the artwork-assemblage, as well as between the art text and its inflection of the grounds, physical structures, affecting archives, and the audience.

By situating the art-making process and the experience of art inside the event of pain, this research has performed an ethical practice of relations as joint 'sittings' of pain. Art, it has been asserted, becomes a tool for reframing life as a vital practice, where disparate realities and communities of pain are gathered in affective entanglements of social embodiments, living documents and textual reconfigurations.

As has been made clear, the new tools outlined in this thesis, which have been used for approaching and performing the body in pain within the field of contemporary art, contribute to a deeper understanding of the affirmative and subversive qualities of suffering. Counter-scripting strategies have generated invaluable inter-disciplinary engagements, with impacts well beyond the spheres of art and its institutions, while still functioning as powerful and singular artistic expressions and forces.

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Appendix 1. Illustrated manuscript *May and the Potentiality of Pain*

May and the Potentiality of Pain (2015)

SLIDE 1

1913: expérience and disunity.

Desiring-machines-assemblage-power-
micropolitics-pain-waves-jam is served
never today but yesterday and tomorrow

“Ellipsis”

SLIDE 2



“Having identified myself properly, I descend a flight of stairs. On the basement floor, I find people half-lying, half-standing. They all seem absorbed in worlds I cannot

access; 'The subterranean spaces, the lairs, the tunnels, the explosions, the falls, the monsters, the food, even those things that come from above or lurk above, like the Cheshire cat.' No one is paying any attention to me.

On my right-hand side there is a buff-colored door leading to a room with large, horizontal windows. I am quickly through the door and;---ellipsis."

SLIDE 3



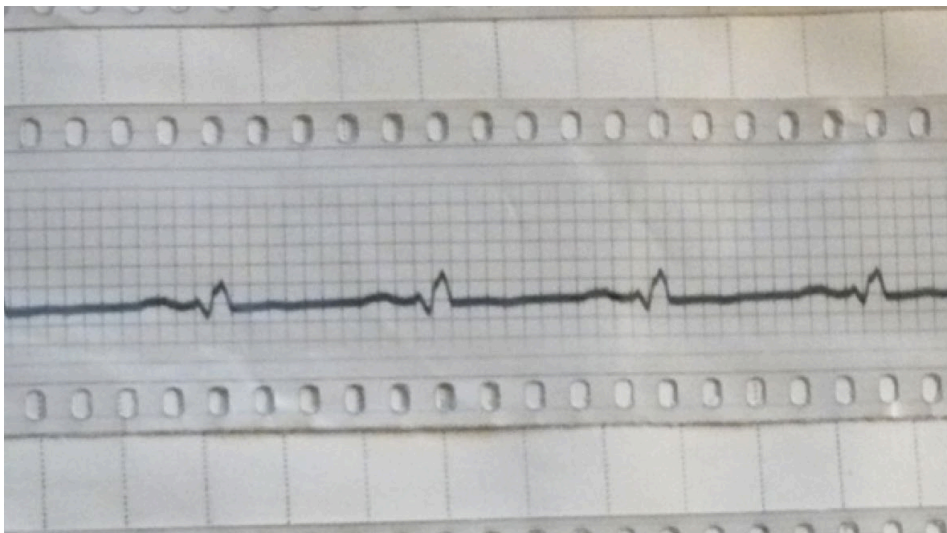
"In the very beginning of the strike, I realized I was one of those unfortunate people who could be kept alive by the regime of forcible feeding for months. I was determined not to let this happen and tried to think of ways to defeat all attempts to feed me."

SLIDE 4



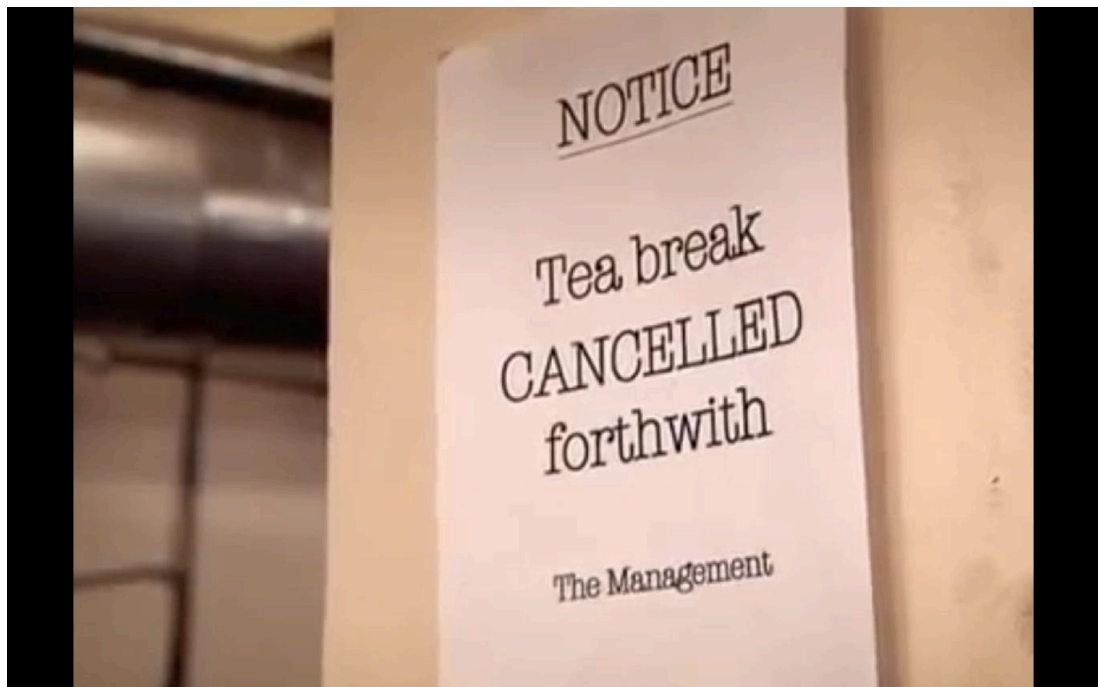
“On entering the prison on the Thursday I successfully refused to take the supper provided. I was not so lucky in finding an opportunity of hiding my dinner and she who came into my cell looked at my untouched dinner and asked if I was on hunger strike. I admitted I was.”

SLIDE 5



“Then came four days fast with sickness, headache and pain. One night I fainted on the floor. I drank as little water as possible and my mouth was very parched.”

SLIDE 6



“On Monday afternoon the cell door was opened and the doctors appeared. They stood round my bed and questioned me and lectured me on my wicked conduct and told me that I was only helping to ruin our cause by my absurd behaviour.”

Slide 7



“The doctor then tried to touch my heart by drawing a graphic picture of what my widowed mother would suffer if I was brought home with my health permanently shattered or perhaps even a corpse. I told them I was sure my mother would rather I returned to her a corpse than a coward in the fight.”

SLIDE 8

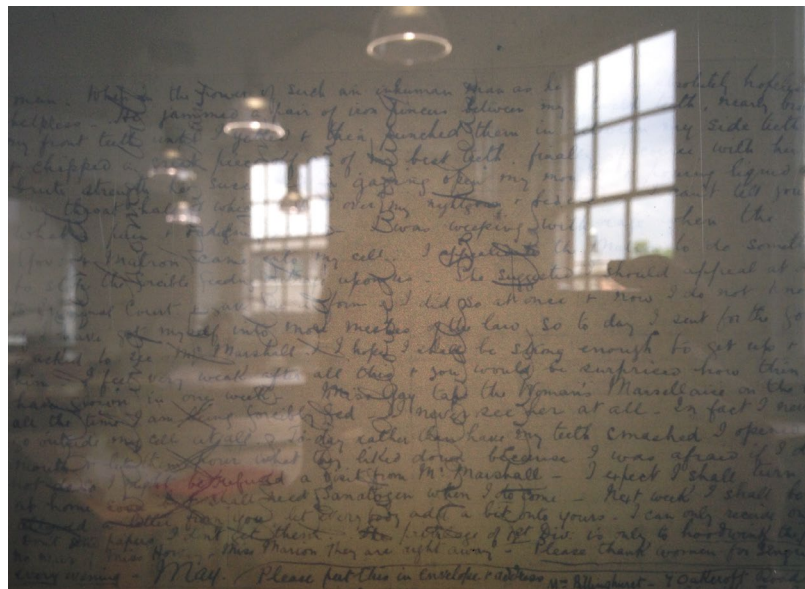


“After finding that nothing would shake my resolve of continuing my fight they proceeded to try to force-feed me with a rubber tube through my nose. Then they left me alone in agony and pain for an hour.”

“Ellipsis”

“Hurtled through the sinkhole, I encounter May, a suffragette sentenced to eight months imprisonment for participation in a pillar box raid. May is partially paralyzed, an after-effect of childhood polio, and nowadays bound to a wheelchair. During her trial, she was advised against resorting to hunger strike tactics, since such action would not only cause intense suffering to herself, but also to those people who are compelled to obey their superiors and to inflict upon her the torture which must necessarily follow from forcible feeding.”

SLIDE 9



“Ellipsis”

SLIDE 10



“She takes comfort in Shelley. Loves singing the hymns.

She said: We fight a symbolic war, not an actual one. You cannot put an end to evils old as the human race using merely words. It requires some shattering of glass.”

“It is the strangest thing; a whole society bodily being put into prison. It is quite the event, and so lovely to be living in the epicentre of the earth.”

“When May arrived at Holloway, like many other suffragettes, she took up self-starvation as a method of resistance. Amongst the suffragette prisoners, it was common to adopt a stoic-cum-religious attitude to hunger strike as political practice. This approach is characterized by an active relationship to pain, with pain becoming a tool for construction of subjectivity rather than a state one passively endures or something that strikes the self from the outside or in an obscure way. The stoic-cum-religious method is expressed through dissociation from one’s own physical suffering, and at the same time there is an emphasis on the body as ‘flesh.’ In this manner of approaching suffering as an act of resistance, pain brings about an intensification of the experience of being an individual body. Accordingly, the body that carries the pain ultimately endows the human with identity by constituting her as

a subject. By allowing for one's body in pain to signify a certain process of becoming, the allusion to the way in which the Christian martyrs suffered turned into a symbolic victory for the suffragettes over the state apparatus which disregarded the female population."

Moral fantasies: *We are the common. Although we do not count -- we **are** common sense, a unity, we are family, one corpus.*

"In contrast to the majority of her imprisoned suffragette sisters, May was not interested in the suffering of self-starvation as subjectivation technique. Although becoming-martyr as an attempt at getting the vote assuredly can be comprehended as a way to acknowledge desire as life-affirming force rather than an expression through self-negation, the method still has a teleological approach to pain, with the faculties of mind presiding over body."

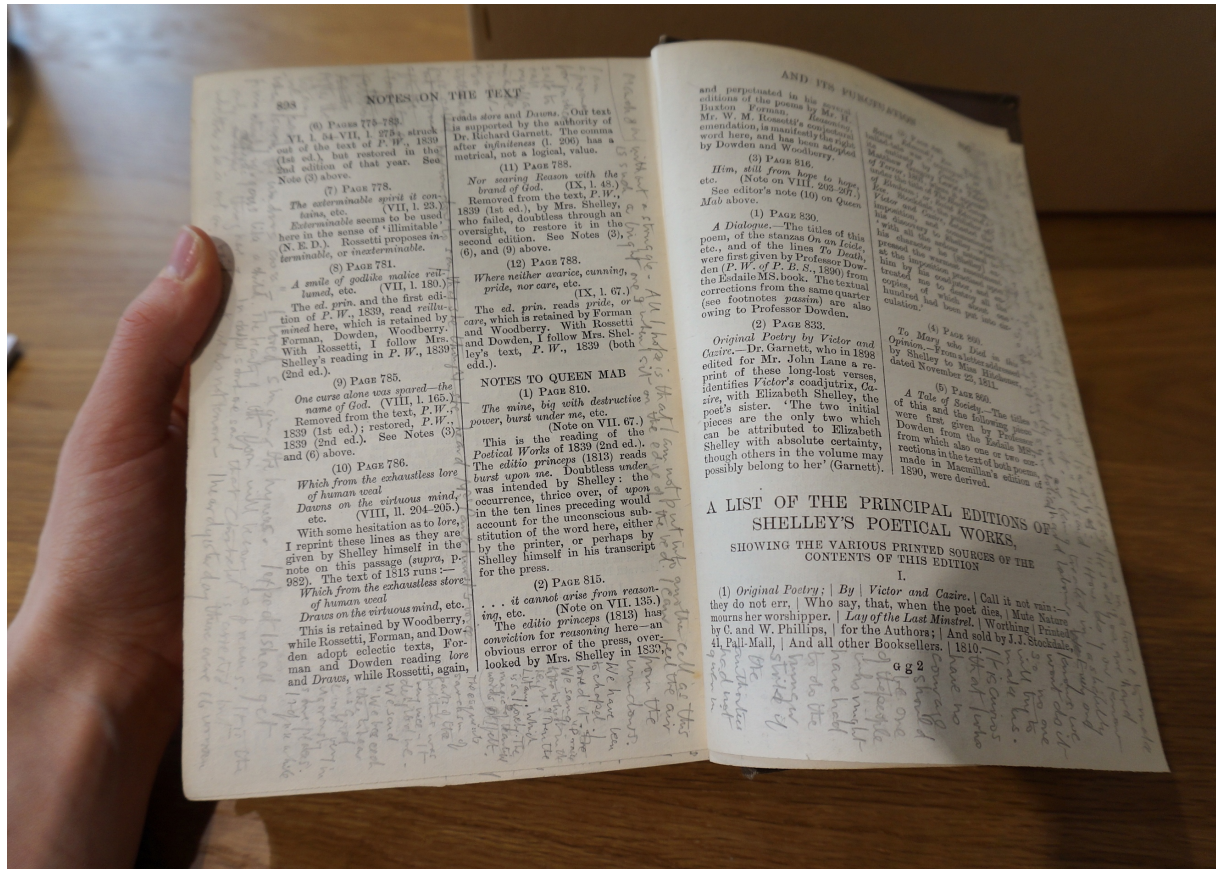
Good practice equals good nature, equals good thinking, equals rightful thinking, equals defined.

"May, who was limited in freedom of movement since childhood, was already familiar with the intensive techniques of adding capacities and vigour to her body. Accordingly, for her, it was not the affirmation of passive pain or the passion as life-producing reality, but rather the moral dimension of the martyr's suffering that she thought was notable and somehow illusory. - - Suffering as a subjectivation technique not only infuses life into the sufferer, it also instils a moral in the 'I' which emerges from this technique. Accordingly, the stoic-cum-religious body in pain becomes a moral as well as a political subject. In as much as the physically disconnected, moral body is sustained, the relationship to other bodies also become a moral one: since pain never can be a wholly private affair, the constitution of identities of families or other group constellations also become dependent on such body moral. --- I believe that May, while sitting there in her cell --faint, aching and anxious, asked herself whether or not pain always ultimately has to be regarded as the negation of life. She probably contemplated whether or not it is sufficient to incorporate pain as an analogous component in life, or whether it is possible to take the idea about suffering

as experiencing further, to the limit within the reroutes of a liberation process. May, who had lived her entire life with pain, she – if anyone – must have known.

In May's view, the moral subject appropriates pain and suffering in a way which reproduces pain as cliché. To think about pain within this economy of representation seems to support the idea that in order for the body in pain to make it into the world, to make sense of this world, an externalization of the phenomenon is necessary. May wanted to do away with such representational, doubling activity, the purpose of which is to negate and eliminate pain that differs from forms of hurt that we know and depend on for our survival."

SLIDE 11



“When I first came here I longed for something stronger than the prison. Midday we had a short thunderstorm. It was not frightening but it would have been if it had come in the night because being locked into one’s cell makes one feel vulnerable. My fear is that things will grow monotonous and that it will be difficult to keep interested. -- I want to get the best I can out of a really wonderful experience like this but the danger is that monotony will make me live a mechanised life and not one which is sensitive to all impressions. However, it is not looking good ahead.”

“In contrast to the life of becoming-martyr, ‘becoming imperceptible’ introduces an ethical-ontological rather than a moral approach to the body in pain. Becoming imperceptible means to make one’s own already deprived organism available to pain, to allow for one’s discursive body to become more vulnerable and open for new abilities and ways in which to affect and become affected.

By doing so, by grasping her own fasting body – with its existing pains and ailments - *intrusions everywhere* – as a plane of immanence, that is to say, as a piece or cut of a certain degree of intensity, May committed herself to pain as a virtual yet real sensibility, a sensual Idea simultaneously pre-dating and following in the shape of future bodily events. A body when taken as a line of flight has neither goal nor course. From this incision she then defies a common idea of pain which writes hurt off as a condition to do away with, to anaesthetize, to make obsolete. Her practice *is* paying attention to and affirming the crack in her body wherein an already existing process of disintegration is taking place.”

Radical loss. Radical interpretation. Her world is not issued straight from faculties of mind, of judgement or imagination but from desiring machines producing production producing production and so on.

“Pain in her mind is always before and as a structure prior to any individual pain or suffering imaginable. While the moral body hinges on moral principles, an ethical life cannot rely on such foundation. An ‘ethical’ life then is linked to what a body is able to

do, not what it should do. To attain such more operational body is therefore in this case a question of increasing one's force of life in a way which does not allow for the desire to become reduced to the subject which the desire itself contributes to producing and reproducing.

Even before being imprisoned, May's impaired mobility made up a hardened but still changeable, intensive field which she observed enveloped, from within its own limitation-a sort of condition of life-with slumbering capacities awaiting actualization. Suffering became the basis for what one would refer to as 'normal' human consciousness. To ontologize pain in this manner means to consider pain forces and its related events as 'pure' life, that is, as a basic condition for production of reality. As an affective compound it is a *what* from *where* desire takes off. In the light of pain as constitutive element, self-starvation transcends the role as symbolic value, becoming something more profound, yet flexible, something as much imperceptible as it is crucial for all actualizations and effects in a society, of which the subject is one of many such effects. In this respect, and as a necessary consequence of the ethical-ontological approach to the body in pain, the life of pain becomes impersonal. Pain is depersonalized and as an affect, as a capacity to affect and become affected, it has no longer anything to do with me, with May.

What May wanted to tell us with her silent protest I think is that pain is not solely an individual and private state of mind. It may be that pain is not at all personal but rather a most impersonal experience and that pain as an expression of human agency is merely one of a large number of the many faces of suffering-as-pure ontology. As such, it might best be grasped from an ethical and intensive dimension, where language is the anomaly, something superfluous, too fragmented and coarse to be able to describe pain as a pure force of life. Some say pain is resistant to language. Others claim this is the *bêtise* speaking, that the way human thought is structured makes thinking intrinsically resistant to the idea that language may in fact be resistant to life."

Johanna Willenfelt©2015

(Amendments to the image material made in 2019)

Appendix 2. Illustrated manuscript *Gibraltar, A Walk with Disturbance*

Gibraltar, A Walk with Disturbance

SCRIPT VERSION

Starting point: Kemivägen. The audience arrive with bus from Drottningtorget.



JOHANNA:

[Puts on a cap labelled “Johanna”]

Welcome to *Gibraltar: a walk with disturbance*. This is a scripted walk which adapts the format of the City Walk combined with features of speculative fiction. My name is Johanna. I will be your tour guide throughout this walk. Along the way, we will meet with people who, like myself, have experience of various aspects of care, either as care

takers or care givers. In planning this walk, I have been looking for people who can assist me along the way. Today, I will be assisted by [NAMES] in reading the text.

Stop 1. 1-3 Gibraltargatan

JOHANNA:

[Reads aloud, the group in a semicircle]



JOHANNA:

After a shoulder surgery in 2005 I get referred to see a physiotherapist called Lisa. Lisa works at number 3 Gibraltargatan, which is the stone building with a light grey tint to your right. The reception where Lisa has her office is located on the third floor. Health and fitness rehabilitation is a physical form of activation aiming to restore motoric and sensory disturbance in nerves, ligaments, and muscles to their normal function. My rehabilitation post-surgery centres on stabilization of the upper back and core muscles. The goal performing these exercises is to retrieve muscular symmetry in parts of the body surrounding the shoulder blades: trapezius and upper back.

I tell my physiotherapist that, preceding my surgery, I have suffered long-time, increased pain sensitivity in my entire body. “How does it feel?” Lisa asks. “It does not feel like anything I have ever experienced before,” I answer. It is not merely a thing that is felt, but also *what feels (the cold, the heat, the world)*. This *sentient consciousness* cannot be measured or accounted for in medical terms, only assessed

and described as local bodily events and impressions. Such an impression is the radiating sensation extending from the rotator cuff down my left arm. Another example is the rush of blood through the chest during a panic attack. To focus intensively on an isolated body part in this manner does however not say anything about what it is like to perform this so called 'sensitized' body. For me, the sensitization has become a keynote in my life. It will probably continue to *becoming* foundational in the future. The painless body, *point zero*, I imagine is an unattainable and possibly uninteresting state of perfection.

If we move along down the path, we will arrive at the next building: 1 Gibraltargatan.



At 1 Gibraltargatan *Närhälsan Gibraltar*, a primary care facility with concentration on mental health issues and well-being is located. The building is from the late '70s, which is quite obvious from the mere look of it. The building has since then been home to public health care services in different forms.

I arrive at the rehabilitation centre to receive occupational therapy. At this point, I have been listless and anxious for quite some time. In addition to the chronic aches and muscular sensitization, I have recently developed a series of arthritic symptoms. A psychological assessment shows that I do not meet the criteria for receiving treatment at the city's public psychiatric health care unit. I have got to have two failed attempts at treatment within a primary care unit before they can consider taking me in as a patient, I am told. Yet, *I am not well enough to end up in the primary health care system*. I am nevertheless referred here. My inflammatory and

skeletomuscular pains are now treated with physiotherapy and anti-rheumatic medication, while my affective symptoms are dealt with using antidepressant drugs and by participation in a therapeutic treatment called *ACT*, short for *Acceptance and Commitment Therapy*.

My personal and professional life are now both conditioned by my pains. I ask myself what this society that I am part of does to accommodate my body in pain, what it does to meet the needs of all our individual bodies and lives? This is a question the walk sets out to scrutinize. Let's therefore continue down the road and into a past which might help us catch sight of the present.

STOP 2. Gibraltar Poor and Workhouse



THE GUIDE:

[Receives a new cap labelled “GUIDE” from a support person]

Very welcome to Gibraltar Poor and Workhouse!

The year is 1903 and you find yourself right outside the city borders of Gothenburg. You are surrounded by the thirteenth, fourteenth, and to the north-east the fifteenth *rote*, i.e. an administrative district formed by a collection of neighbouring houses and farms. The workhouse area is closed in on three sides by streets, and on a fourth side by a leafy open green hill where cattle can be seen grazing. The premises are separated from its surrounding by a high, opaque fence. At the Gibraltar Poor and Workhouse medical and social relief is given to the citizens in exchange for their labour. In 1903, the poor relief act from 1871 still determines how social subsidies and the ‘work line’ interact. The goal is to restore the sick back to health and bring the abled-bodied back to work. In 1903 – just like in 2017 – fixed standards and measurements are employed to regulate social relief.

When the construction of the Gibraltar Workhouse was completed in 1888, 750 poor relief receivers were moved here from ‘Bracka’ at Järnvägstorget (nowadays ‘Drottningtorget’ or *The Queen’s Square*). At its peak, 1600 inmates populated Gibraltar, distributed among all the wards. You see, one of the novelties of Gibraltar is that the relief receivers are dispersed to different sections of the Poorhouse based on factors such as sex, age, health status, and working capacity – an innovative and practical mode of conduct! Medical care and poor relief at the same place, but in separate units! Before you, the three work pavilions are looming large. Each of them accommodates 244 relief residents. The location of the pavilions is lengthwise in a northerly direction to the south, with the wards located to the east and the corridors to the west. Workrooms and dormitories are consequently permeated by morning sun while the corridors have the benefit of afternoon light. Hence, *the entire interior is within reach of the invigorating effects of the sun*. Each pavilion has a basement divided into 16 smaller workrooms. On the ground and first floors two large workshops are located at the short side of each pavilion.

At Gibraltar, there is farm and pasture land, and a hospital garden. On the premises, there is an administrative building including a doctor's apartment,



a separate residential block for staff, and an economy building containing a laundry, bakery, a kitchen, and a dining hall, and of course job opportunities within these places. Across the avenue, at the gatekeeper's house, which you can catch a glimpse of through the foliage, is the entrance to Gibraltar. People pass through the entrance gate as they arrive to the workhouse voluntarily or by committal. They arrive on foot **[points at a pedestrian passing by]** or in an ambulance carriage. Let's walk over there!

STOP 3. The Gatekeeper's cottage

THE GUIDE:

We are now at the entrance of the Workhouse. Who are all these people passing through the gate to Gibraltar? Many of them are people with a specific sensitivity to the world, making them susceptible to its ravages. They are marked by an experience of pain originating from a heightened sensitivity to hurtful events that might – long – be a thing of the past. The poor and the infirm, the 'unstable,' and people showing cognitive variations all come here. Gibraltar also houses single mothers, widows, and orphans – infants and wet-nurses – and others who for one reason or the other are of no means. Due to prevailing notions of the 20th century which regulates the division of labour within the nuclear family, people with limited resources are perceived

differently depending on sex, age, and their ability to work. Abled-bodied, young men are regarded as the least *honourably poor*.

THE GUIDE:

[To a member of the audience]

Did you have a question?



AUDIENCE MEMBER:

Yes, that is quite right. **[Reads from the script]:** What is the perception of the rising unemployment rate taking place in turn-of-the-century Gothenburg?

THE GUIDE:

Yes, that is interesting! The concept of unemployment as we know it today, due to our time's prevailing work ideology where unemployment is perceived as a condition arising out of a *lack* of work, does not exist according to the Poor relief regulation of 1871. According to the 1871 regulation, unemployment is *always a free choice*, since everyone can find work, if nothing else by lowering their wage claims. Among those in power, there is a continuing fear of acknowledging unemployment as a legitimate reason for being granted poor relief. One believes such a justification will corrupt the working force's work moral and sense of duty. At the end of the 19th century, when Gibraltar was built, the focus for the powers that be was on directing people away from the *poor relief* system/*line* and the Christian charitable duty, towards a morally

edifying *work line*. To draw out and reinforce a sense of duty in the inmates, certain corrective and disciplinal measurement are now, in 1903, taken. Forced labour is made a rule for all abled-bodied, young men. The men carry out the heavy labour and the most qualified work. The work force is however being recruited from the entire pool of poor relief receivers – the ill and infirm are compelled to work to the best of their ability. Preparing pipes for smoking, sewing, braiding rugs, smithery, carpentry, and manufacturing coffins are some of the numerous jobs carried out at Gibraltar. Healthier and younger female relief receivers also assist in heavier duties such as farming and cleaning, laundry and assistant kitchen duties.

AUDIENCE MEMBER:

[Reads from the script]

After being away from work for a longer period, due to illness, I get to see the health professionals at my workplace. They tell me how they ‘would rather not be working with sick individuals.’ Then we make a projected time line for my individual accomplishments, the so called ‘health goals,’ aiming to increase my sense of responsibility for my career and *employability*. The preventive health activities and the hunt for new and modified employable skills however cause me to feel guilt and shame about my own, differently-abled and defective body. In a health-promotive work society such as ours, other-abled bodied people do not seem to exist, there are just levels of adjustment to be made and motivations to suck up.



THE GUIDE:

[Nods in assent]

To have potential to restore oneself back to health and resurface as a highly employable individual is of the essence in 1903 as well! In the hope of recovery, the ordinary citizen can apply for acute and short-term medical care at the *Common and Sahlgrenska Hospital* which is funded by general taxation. Members of low-income families, when falling ill long-term, however, are often subjected to great economic austerity. For those people, Gibraltar is a last resort. However, many people fear it and prefer to wither away in their homes under miserable living conditions.

Admitted to the Poorhouse and the hospital wards, the debt of the ill to the society for bed, board, and care accumulates. The individual's right to basic medical and social care hinges on her capacity to pay off her debt with labour. However, the daily cost for lodge and board for an inmate often exceeds the value of a day's work at the Workhouse. The inmate's accumulated excess debt must therefore be paid back by additional work, sometimes leading to forced re-admission to the Workhouse, or out-patient piecework.

The debt is thus twofold: the poor relief receiver is in economic debt to the society, but there is also a moral deficit instilled in her: the burden of shame. Let us continue towards the workhouse pavilions and the hospital ward!

STOP 4. The entrance hall of *Chalmers School of Entrepreneurship*



THE GUIDE:

You have now entered the ground floor of the eastern pavilion of the Poorhouse. In this building you will find the hospital wards and, of course, workrooms in the basement and in each wing.



[The guide invites the group to take a seat at a nearby table where pens and a questionnaire are provided. The questionnaire has the title: “TAKE CONTROL: A FITNESS TEST FOR YOUR CAREER!”]

THE GUIDE:

[Directs the group to a seating area]:

Please take a seat. We will have to wait in the lobby before we can enter the hospital ward. While we wait, please equip yourselves with a pen and fill in the questionnaire in front of you. It is a fitness test of your career and its pathways and, I would say an indispensable tool for the modern worker!

While you do this, I am going to tell you about the internal organisation of Gibraltar.

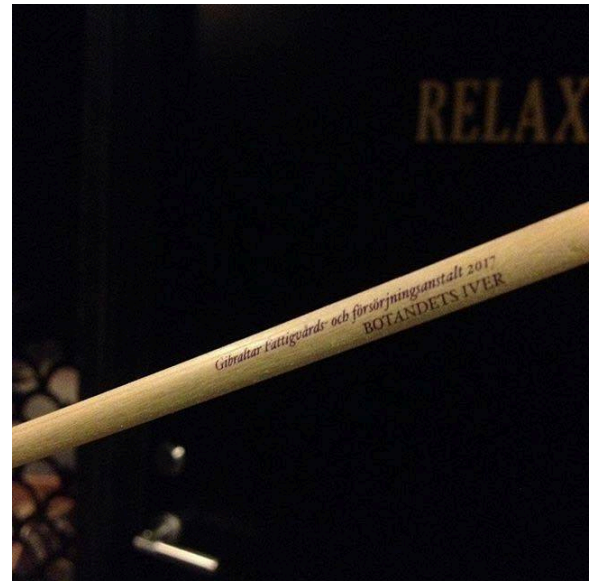


Although the workplace Gibraltar does not compete with the labour market outside the institution, the same means of control and bureaucracy which operates in society at large are deployed within the enclosed community of the workhouse. *The handyman* – the Poor Law Commission’s manager on site at Gibraltar – oversees where and when work is carried out on the premises. The handyman is the administrative head of the institution. The bookkeeping of the handyman tells all about the workhouse’s incomes and expenditures, the number of relief receivers admitted each year, their reasons for seeking care, and the placement of the individual within the institution. The bookkeeping is the basis for the Poor Law Commission’s annual report. In 2017, the *Prefect*, i.e. the administrative head of a university department, has taken over the management for the educational activities conducted in the former workhouse barracks by Gothenburg University and the Institution for Cultural studies and *Chalmers School of Entrepreneurship*.

THE GUIDE:

[All too soon, interrupts the questionnaire assignment]

Unfortunately, our time in the waiting area has run out. Please put down your pens, but hold on to your questionnaire – you might need to follow it up later.



Please turn your attention to the hospital ward located in the easterly wing of the workhouse structure. [***The guide gestures towards the entrance to the hospital corridor***]: Over there is the hospital ward. To the hospital ward people with somatic illnesses are admitted. People who fall ill in other places at the workhouse are also brought there. At the hospital ward, people with widely different diagnoses and illnesses share the same space. In 1888, when the Poorhouse opened, people with diseases falling under the pathological category of ‘diseases of the brain and spinal marrow’ were admitted here. In 1903, where we are, this category has changed its name into ‘diseases of the nervous system.’ In the diseases of the nervous system *stroke*, *epilepsy*, *hypochondria* as well as the fatigue disease *asthenia* and the femininely coded illness *hysteria* belong. Patients with *uneasiness* and *affective disorders* however reside at the ward for the mentally ill and *deranged* as it were. These patients are housed in a separate building block located farther up the hill, away from the workhouse pavilions. Patients with *plain* as well as *complex* mental illness are kept here. Plain mental illness includes the diagnoses *mania*, *melancholia*, *paranoia*, and *dementia*. Of more complex nature are the incurable mental conditions *chronic madness*,

degenerative mental illness, and a mentally deficiency such as *weakness of mind*. In 1903, the overpopulation at the ward for the mentally ill led to the unfortunate event of a handful of melancholic people - with their gloominess - and maniacs - with their frenzy - having to share space with the somatically ill patients at the main hospital ward.

[Informally]:

You will now be introduced to some of the patients who reside at the hospital ward for the somatically ill. They are spending time at Gibraltar in 1903, and they have all been diagnosed with the female syndrome hysteria. They present different symptoms from a rather scattered catalogue of illness signs associated with the condition. Apart from a mutual diagnostic experience, they share a precarious financial situation. Let's move along to our next stop!



STOP 5. Room 30

THE GUIDE:

[Encourages the group to gather all together in a confined space with lockers, the site of former room 30]

You now find yourself in room 30 at the hospital ward. Here, on the ground floor, there are 12 dormitories for female patients and relief receivers. **[Points**

in both directions]. In 1903, Sophia Niklasson and Evelina Magnusson are both residents here. The word is now theirs. ***[Turns to support person/assistant]***: could you please give [NAME] and [NAME] their caps and shirts? ***[NAME and NAME puts on shirts and caps]***.

SOPHIA:

[Steps forward]

My name is Sophia. I live here in room 30 ***[Points to space]***. I am 36 years old and have previously been treated for nervousness and hysteria at the Common and Sahlgrenska Hospital. I am married to Olof who works the night shift at München's Brewery. Although Olof receives the full-time salary of a male wage-earner, he still cannot provide for me and the children. It does not help that our oldest son also is sickly and in need of medical attention from time to time.



After a week and a half at the Common and Sahlgrenska hospital, I was therefore referred to the hospital ward here at Gibraltar. To suffer from nervousness or *weakness of the nerves* is another way of saying I have *bad nerves*, Dr Åberg claims. I overreact to everyday events. My muscles are tight and tense. As a hysteric, you will always be diagnosed on basis of your symptoms rather than a root cause of the

disease. At Gibraltar, Briquet's definition of hysteria is employed. According to Briquet, hysteria is an affective disorder which may be latent in the patient. Hysterics therefore share inherent characteristics. The hysteric neurosis, although episodic in nature, we are told is an essential feature of who we are. During a nervous breakdown, we act out. A fit might manifest itself in compulsive and obsessive behaviour, in cries and shouts devoid of meaning. Due to the impulsive nature of its symptoms, hysteria is often associated with 'fallen,' 'immoral' women as well as with people like myself, working class women who lack social training and formal education. I share room 30 with five other women. We are quite lucky. Our room is half as big as the others, with room for only six beds instead of twelve. On the downside, our room is situated across the hall from one of the few toilets on the floor. The lavatories at times cause terrible smell in hallways and staircases. The fact is that the smell from the restrooms is as hard to relieve ourselves from as the bad nerves the medical staff assign to us. These phenomena do not take up any space; they do, however, insist on one. The doctor at the hospital ward, Dr Åberg, claims that my nerves are weak. Contrary to Dr Åberg's professional statement, I find that they are very active and intense – they mobilise quickly.

[Nods at roommate]. This is my roommate, Evelina.

EVELINA:

[Steps forward, wearing a cap saying "Evy" and an inmate's shirt]:

My name is Evelina, but everyone calls me Evy. I share room 30 with Sophia. The overpopulation of the place is the reason for keeping so many of us in one room. It is nevertheless practical since we who are younger and more agile can assist in caring for the elderly and bedridden. In doing so, we get to practice our nursing skills and *will* to be useful, our *conscientiousness*.

I am 40 years old and for 10 years I was working as a shop assistant in a cooperative store on Postgatan. I am originally from Carlshamn. I am unmarried, and have no family in the city. When I fall ill, I cannot rely on anyone to care for me or support me. After having read my medical records, about the *anaemia*, the *listlessness*, and my occasionally *violent temper*, Dr Åberg maintains that I am suffering from 'hystero-neurasthenia.'



Hystero-neurasthenia is a combination of the female illness hysteria and the more fashionable diagnosis neurasthenia. To contract this illness is not all that bad. In fact, in some cases, an increased sensitivity to the stress of the hustle and bustle of high intensity city life is considered a sign of refinement and good morals. Neurasthenia is predominantly an illness found in the middle and upper classes. Among the masses, it is known as a fancy version of the fatigue syndrome *asthenia*. Falling ill in neurasthenia is a sign of cultivation and class, since it only strikes the educated whose work is intellectually demanding. Asthenia, on the other hand, points to an unbalanced, unsanitary, and unhealthy lifestyle. I suffer from a specific combination of frenzy and melancholy, Dr Åberg says.

I can tell he does not know exactly where to place me.

THE GUIDE:

As Evelina has told us, many of those ascribed the nervous disorder hysteria are also diagnosed with fatigue syndromes. At Gibraltar, however, there is no mentioning of stress disorders, only asthenia. In 1903, stress as a physiological concept has not yet been invented. The term is however used within physics to describe the degree of pressure an external force exercises on a certain material. The use of the word stress to describe a non-specific bodily, chemical reaction, might in fact be quite misleading. Hence, I have been asked to read a

statement from Hans Selye, endocrinologist and the inventor of the physiological concept of stress. Selye sends the word that **[Reads from script as if giving a direct quote]**:

“If I had known that the word stress was already in use in physics at the time for my discovery in 1932, I would have chosen to call the bodily dialogue between external pressure an internal



response for *strain*, rather than stress. Strain is a more dynamic term for describing the relational and affective processes at play when the body is being subjected to external and internal forces. My co-worker at Gibraltar, Dr Åberg, attempts to understand and cure the problem of chronic fatigue. To him, the chronic fatigue syndrome asthenia can be explained by referring to the first and second laws of

thermodynamics, the laws of conservation and loss of energy. An ill-considered consumption of bodily energy may lead to imbalance, turbulence and, in worst case scenario, chaos. To restore balance, i.e. to bring oneself back to health, the degree of intensity must be levelled to agree with its environment.”

THE GUIDE:

- ... Any comments on this? **[Looks out over the group]**

SOPHIA:

We are told that we have a hard time adjusting to the surrounding world and its requirements, but there is little mention of how well these outer demands correspond to our specific abilities. Dr Åberg maintains that the fatigue problems are dependent on an inclination to act on every impulse, that this innate behaviour is the cause of our personal setbacks. *Impulse control* is therefore an important feature of the therapies we practice at the institution. The main strategy of fighting constitutive hysteria, fatigue, and melancholia is to resist the overpowering stream of images, associations, and ideas which take command of the self when energy levels are low. We carry out this preventive work mainly by means of menial physical labour.

THE GUIDE:

I would like to suggest that we continue discussing the treatment of the nervously ill over a cup of due diligence coffee, since it is that time for a break in the work at the hospital ward, and if one has done enough piecework, one can even get *several* cups! This, we cannot miss.

Coffee and bread are here served Gibraltar style in the corridor. When we have provided ourselves with coffee and bread we will talk more about the interrelationship between work and therapy at the hospital ward.

STOP 6. Due Diligence Coffee

[The audience is shown to the service]

THE GUIDE:

Apart from the social relief which includes bed and board, and work-clothes **[Draws attention to their own shirt]** Gibraltar has its own currency. The currency is based on the industriousness of the relief receivers. If a day's labour, piecework, exceeds the cost of the daily relief of the patient, the patient-inmate is awarded diligence benefits. These rewards are *crucial in the training of the relief receiver's economic desire*. The currency is valid at the Poorhouse exclusively. The profit from the surplus production may be used by the patient to procure that something special: an extra cup of coffee in addition to the daily ration, a non-alcoholic beverage, snuff, or tobacco.



Apart from coffee, today we are served a version of *the Bracka bread*. In the bakery on site the well-renowned Bracka bread is baked. It feeds the entire population of Gibraltar and is distributed to a large part of the poor school children in Gothenburg. The Bracka bread is known to be very tasty. A piece of this rye bread with a dab of butter, porridge, coffee and one lump of sugar is what most of the inmates receive for breakfast, including the children. Most of the things consumed and spent at the workhouse are produced on the site. In this sense, the establishment and community of Gibraltar is self-sufficient.

Reiterating Sophia's words, for the sick and poor, labour is considered the number one treatment for bad health in general and nervous- and fatigue syndromes in particular. In other respects, medical treatment is remarkably non-existent at Gibraltar. As a preventive measure, the hysterics are fed a vegetarian diet. Rest and sleep must occur at regular intervals. Electricity and lukewarm baths are recommended. Reading in bed is advised against. Apart from these instructions, work is the most important and superior component of the rehabilitation. 'Work We Shall' – a saying which later will become the Labour movement's motto – is at Gibraltar deployed as a moral incentive to cure nervous disorders, depression, and hysterical fits. Work – cure *and* payment.

Besides the cure of labour, there is pastoral cure, or 'soul work.' The mark received from the priest tells as much about a person's health status as the doctor's medical attest. A female deacon oversees the pastoral care of the inmates and patients. After finishing your coffee and bread, you are most welcome to take part in a moment of reverence and meditation. This peaceful activity takes place in the large workroom located in the south wing of the ground floor.

STOP 7. Occupational therapy

[The guide shows the group into room VASA 6. There are rows of yoga mats placed on the floor. The party is encouraged to take their shoes off and place themselves on one of the mats and await further instructions]

THE GUIDE:

Welcome to the occupational therapy session and the mindfulness exercise 'Mind yourself: everyday impulse prevention.' Please make yourself comfortable in your seat or on the floor. ***[Awaits the group]***. Close your eyes. You are now about to take part in a 4 minute long exercise with focus on exposure and response prevention.

[A guided meditation starts]



THE GUIDE:

[As the group is coming out of the meditation]

The body seems to carry with it all instances of pain it has encountered, the ones that remain and the ones it has been cured from. The traces of pain are preserved in the body which takes the shape of it. It seems fair to conclude that every individual is a composition of their previous aches and ailments, and, if they are attentive, of pains still ahead of them.

Please take some time to return to the room. While doing so, Sophia has something to say about the hysteric's recovery at Gibraltar.

[Turns to Sophia, then switches caps]



SOPHIA:

The recovery back to health commences with doctors and staff introducing an objective idea, an illness story, *of myself, before me*. Before long, I identify with the narrative provided. I learn to tell the difference between normal and anomalous

behaviour. The ability to do so instils a desire for normalcy in me. *Through medical and administrative control, the institution slowly hands the regulation of myself over to me. I become my own 'handyman,' my own watch, and bureau clerk. I, alone, am responsible for my recovery.*

JOHANNA:

[Comes forward wearing the *Johanna cap*, strolls across the room while reading]:

When I am a patient of occupational therapy in the 21st century, the relations of power are not manifested in the same top-down manner as they are in 1903. However, one thing remains the same: *my desire is regulated through a series of objectifying and diagnostic processes, and medical interventions and arrangements.* In comparison to Sophia and Evelina, however, as a patient I am expected to represent myself on an open, deregulated market. I am the producer of my own rehabilitation back to abled-bodiedness or 'health.' In writing one's own restitution story, in the search for the meaning of my pain, I am conceiving an ideal (image) which I will internalise and identify with. The boundary between work, consumption, and personal life is nowadays fully dissolved. The whole life is a restoration project. As hard as it is for Sophia and Evelina to free themselves from a top-down, regulated poor relief system, it is equally as hard for me to fully distinguish between work time and pastime, weekdays and weekends, between sick days and leisure time.





THE GUIDE:

[Switches back from “Johanna” to the “Guide” cap]:

Let us continue to the final stop of this walk: the hospital garden.

STOP 8. The Hospital Gardens

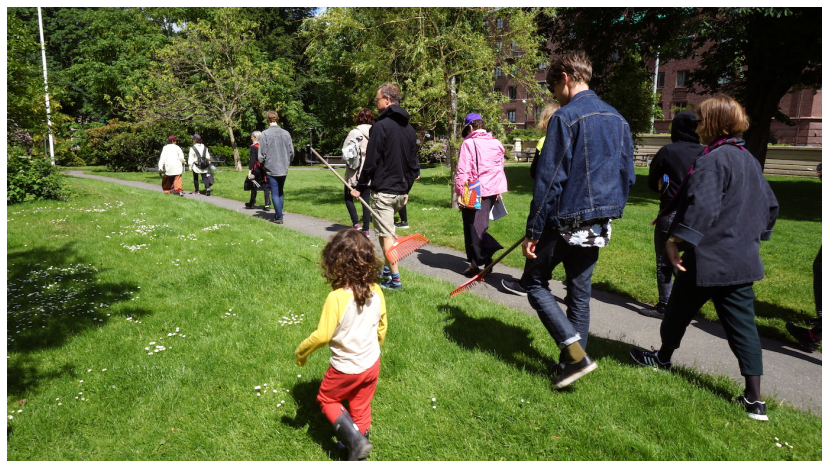
THE GUIDE:

Welcome to the hospital garden at Gibraltar, the gem of the hospital ward. Here, you will find a haven of delights: leafy chestnut and beech trees, long trunked birches and other trees. A neat lawn covers the ground, threaded with winding, gravelled paths. Close up by the fence, a hawthorn hedge is planted, most likely to veil the fence’s ugliness. When in blossom, an arbour of lilacs is an appreciated place for rest and contemplation. The garden is partitioned off from the other parts of the workhouse. It is a place reserved for the patients at the hospital ward, however, only during specific times and always in the company of a nurse or warden. During summer, elderly female patients can be seen sitting on the benches in the sun doing their knitting and needlework.

THE GUIDE:

[Informally]:

To stroll freely in the garden, we need an appointed chaperon to accompany us. **[Turns towards audience members]** Could the two of you please wear these **[Fishes out brightly coloured vests from the bag of props]** and act as orderlies? Some of you are elderly and some are like Sophia and Evelina **[Nods at them]**, ill but moderately abled-bodied. Please find your knitting here, ladies, it will keep you busy on a fine day like today **[Hands out yarn and needles to appointed knitting ladies in the audience]**. Those of you who are a bit out of sorts but still able to do manual labour, you will each grab a rake and bring it with you, since the intake of fresh air by principle is combined with work duties. **[Hands out rakes to some; Sophia receives a Mimosa plant and a spade from the support person]**.



THE GUIDE:

[Encouragingly]

Lets bring the equipment with us into the heart of the park!

[Following the paved walk into the middle of the garden, the group stops next to a bench and a rhododendron tree. Sophia brings the Mimosa over to the bed underneath the shrub, and sets out to plant it]

THE GUIDE:

[To the knitting ladies]:

Knitting ladies, please have a seat on the bench. You must be exhausted.

THE GUIDE:

Welcome to the shades of the lilac garden alcove. Here you can find patients taking in fresh air, and of course performing numerous outdoor gardening piecework and duties. In 1903, the 19th century *Park Cure* therapy was still deployed in private rest homes and sanatoriums around the country, available only to the more affluent classes. At Gibraltar, the contemplative park cure has



been replaced by a strict, disciplinary work regimen. The compassionate perspective of the family doctor has been replaced by a moralising voice representative of the new economic era. The self-regulating society of



discipline will prevail and gain ground into the 1930s and '40s, to gradually be replaced by *the welfare state* and its belle époque in the '60s and '70s, only to be outrun by *a new liberal politics which will find new models of governing and exploitation of the citizen consumer and her neural system*. The contemporary, cognitive worker sandwiches intensive crunch periods with episodic, intermittent collapses – a common modus operandi for the flexible and hyper-attentive information worker. *CFD* or

Chronic Fatigue Disorder is the 21st century's diagnostic equivalent to asthenia. In 2015, CFD is described as 'a state of fatigue where there is gradual capacity for recovery ... in acute cases of overexertion, the ability to recover by resting seems non-existent.'

The hospital garden at Gibraltar is a place relatively protected against a fast-paced and insisting attention economy. At least it is for those who spend their time doing physical and pastoral labour in exchange for treatment, room and board, and a slowly decreasing debt to the city and the Bureau of Poor Relief. By the way, can you with the rakes over there see that there is a *Mimosa* planted in the flower bed over here? Let's move closer and take a look!

[Points at Sophia who is leaning over underneath the shrub, moves closer and asks]

What do you have there?



SOPHIA:

[Shows the plant she is pottering about with – a *mimosa pudica*⁷⁵].

⁷⁵*Mimosa pudica* lat. In common speech *sensitiva*= 'plant mimicking the sensitivity of a human being [sic].' Species in the genus of leguminous plants. Figuratively about a highly ('overly') sensitive woman. *sensiti'va* (French *sensitive*, feminine form of *sensitif* 'feeling.' Sensitive period: a critical period in the development.

The staff does not know about it, but the Mimosa is part of a Guerilla gardening project a few of us at the ward are carrying out. Like the *forget-me-not*, the Mimosa is commonly called *do-not-touch-me*. The elliptic foliage of the do-not-touch-me is highly sensitive to touch. The plant is symbolic to us. We had to smuggle the seeds into the workhouse after being on leave. The do-not-touch-me reminds us that we do not have to accept the normalisation of the ‘penance-for-healing’ process we are exposed to.

EVELINA:

Life itself is a state of *absolute uncertainty*. We did not know if this plant would grow in the hospital grounds. *Every individual life is an unforeseen opportunity. An event in the accidental.*

THE GUIDE:

[Glances at the Mimosa, crouches down next to it]:

How is this alien soil treating it, then? **[Touches the ground]:**

Or is it the Mimosa which is an alien body to this firm ground...?



[Gets up, concludes]:

From the patients, stress researchers, soul workers, and mindfulness coaches at Gibraltar we have learned about the problem of chronic pain and fatigue and its economy of relations. Questions have been raised, such as whether or not it is possible to attain a state of balance of inner and exterior life. The laws of physics are used to explain the *exquisite physiology* of the Mimosa.

She serves as a cautionary tale for an irresponsible and unsustainable way of living. At the same time, she is exploited to the full to rendering more effective industrial work since *the farthest limit of the individual also* is the border which a society cannot exceed without *going against itself*. The line drawn between a person who is abled-bodied and one that is otherly-abled is therefore in every aspect as much of a front line as it is a demarcation *against* the demands of market productivity. When did you, seemingly passive patients, became aware of your ability to use your alleged *state of lack* in your favour?

SOPHIA:

[Pensively]:

It must have been after the revolt at the Common and Sahlgrenska Hospital – that one occasion when patients in one of the wards demanded an uninterrupted 8 hours night's sleep. It was inspiring to see. Instead of pursuing equilibrium between body and environment, we attempt to take our sensitivity to its highest potency.

And shortly thereafter, I had an episode, supposedly hysteric, but it was later proved to be atrial fibrillation. You see, I have a congenital heart disease. You can read about it in the Bureau's conclusive debt regulation notes of our debts, Olof's and mine, taken down after our deaths.

[Pause]

The asymmetric relation between the establishment of Gibraltar and we who spend time here, between bodily power and distribution of labour, between individual and industrial economies, is by the way overwhelming in your own time, where the submission is complete. Therefore, you should not pity *us*.

The artist:

Thank you for your participation [***Lists contributors***]: Sophia & Evy, assistants, knitting ladies, nurses and wardens, *everyone...*



Johanna Willenfelt©2017

Appendix 3. *Gibraltar, A Walk with Disturbance*, the Career Fitness Test questionnaire

TAKING CONTROL – A CAREER FITNESS TEST

Score yourself out of 10 on the following career fitness issues (max score: 100)

1. TIME-COMMITMENT

Do you create enough time and space for managing your career?

1 2 3 4 5 6 7 8 9 10

2. SELF-AWARENESS

Do you have an objective awareness of your current portfolio of skills?

Are you clear about what really motivates you?

Do you understand the barriers that stop you from taking control?

1 2 3 4 5 6 7 8 9 10

3. SELF-PROMOTION

Are you good at promoting yourself on a day-to-day basis?

Do you have an up-to-date CV?

How confident are you at interviewing skills?

Are you good at celebrating your successes?

Do you collect evidence of your achievements?

1 2 3 4 5 6 7 8 9 10

4. PROACTIVITY

Are you proactively making the most of all learning and development opportunities available to you?

Do you create and seize opportunities – or react within your comfort zone?

1 2 3 4 5 6 7 8 9 10

5. NETWORKING

How effective are your support networks and networking skills?

Do you have enough role models, mentors and providers of information, advice, encouragement and feedback?

1 2 3 4 5 6 7 8 9 10

6. CAREER FOCUS

Are you utilising your skills, knowledge and experiences?

Are you fulfilled and motivated?

Do you have a clear idea of what will make you more satisfied in your career?

1 2 3 4 5 6 7 8 9 10

7. STRATEGIC THINKING

How good are you at looking a couple of moves ahead and positioning yourself to seize future opportunities?

Do you have any career champions who can provide strategic support?

1 2 3 4 5 6 7 8 9 10

8. BROADENING HORIZONS

How good are you at creating stepping stones to reach your targets?

Are you good at looking ‘outside the box’?

Are you good at managing risk and uncertainty?

Do you have a contingency plan?

1 2 3 4 5 6 7 8 9 10

9. SELF-CONFIDENCE

How confident are you?

Have you learned to manage rejection effectively?

Are you actively seeking to grow your self-confidence?

1 2 3 4 5 6 7 8 9 10

10. SUSTAINABILITY

Do you set challenging goals and action plans for yourself?

Do you have a regular process or structure for review and improvement?

Are you motivated and persistent enough to sustain your career management?

1 2 3 4 5 6 7 8 9 10

*Discuss your findings with a partner, identifying where you are doing well, where the potential gaps lie and what future actions might be required.

TOTAL (max 100):

Appendix 4. Pre-doctoral works

Paradigm, 2010



Paradigm (2010). Installation view of sound installation, presented at the MFA degree show *Surface Matters, Belay Your Partner*, Rotor Gallery, Valand Academy, Gothenburg.

Paradigm was initially made as a two-track sound installation for the MFA group show *Valands Masterutställning 2010!!!* [sic] at Kulturstudion in Stockholm (August-September, 2010). A four-track version was also produced and presented at the solo MFA degree show *Surface Matters, Belay Your Partner* (Rotor Gallery, 19-28 November, 2010). The recordings contain personal stories submitted by women who describe their personal relationship to long-term bodily pain. The stories are recounted by two male voices. The different tracks emanate from separate speakers, allowing the voices to randomly intermingle, intervene with and interrupt one another, creating a soundscape that permeates the space. One of the intentions with the project was to examine the qualities of low-intensive, long-term pain,

its durational qualities in particular, and their impacts on the body. To listen to the different versions of *Paradigm*, visit: <https://soundcloud.com/johannawillenfelt/paradigm-kulturstudion>

Documenting Bodies series (Doing Treatment and Epicrisis versions), 2010-2012



Documenting Bodies (Epicrisis). Mixed media installation. *Documenting Bodies (Epicrisis)* was presented as a discrete work in the MFA solo degree show *Surface Matters, Belay Your Partner*, Rotor Gallery, 19-28 November 2010.

My mixed media installation *Documenting Bodies* took medical files that were no longer classified, and adapted and intertwined them with texts and selected fragments from medical and scientific reports and writings, as well as my own medical entries, literary and fictional accounts. These hybrid texts were then rendered by hand on medical paper ordinarily used for covering stretchers and exam tables. The work was presented in various configurations and settings, such as galleries (Göteborgs/Gothenburg konsthall, 2010, Rotor

Gallery, Gothenburg, 2010) public and medical space (Ryhov County Hospital, Jönköping, Sweden, 2010), and political arenas (the Headquarters of Gävleborg County, Gävle, Sweden, 2011-2012). The hybrid texts were presented as extensive mixed media installations comprising drawings, texts, and medical equipment and paraphernalia. The hybrid text was also collected and printed in an artist book.



Documenting Bodies (Epicrises). Installation view, details, Rotor Gallery. (2010)



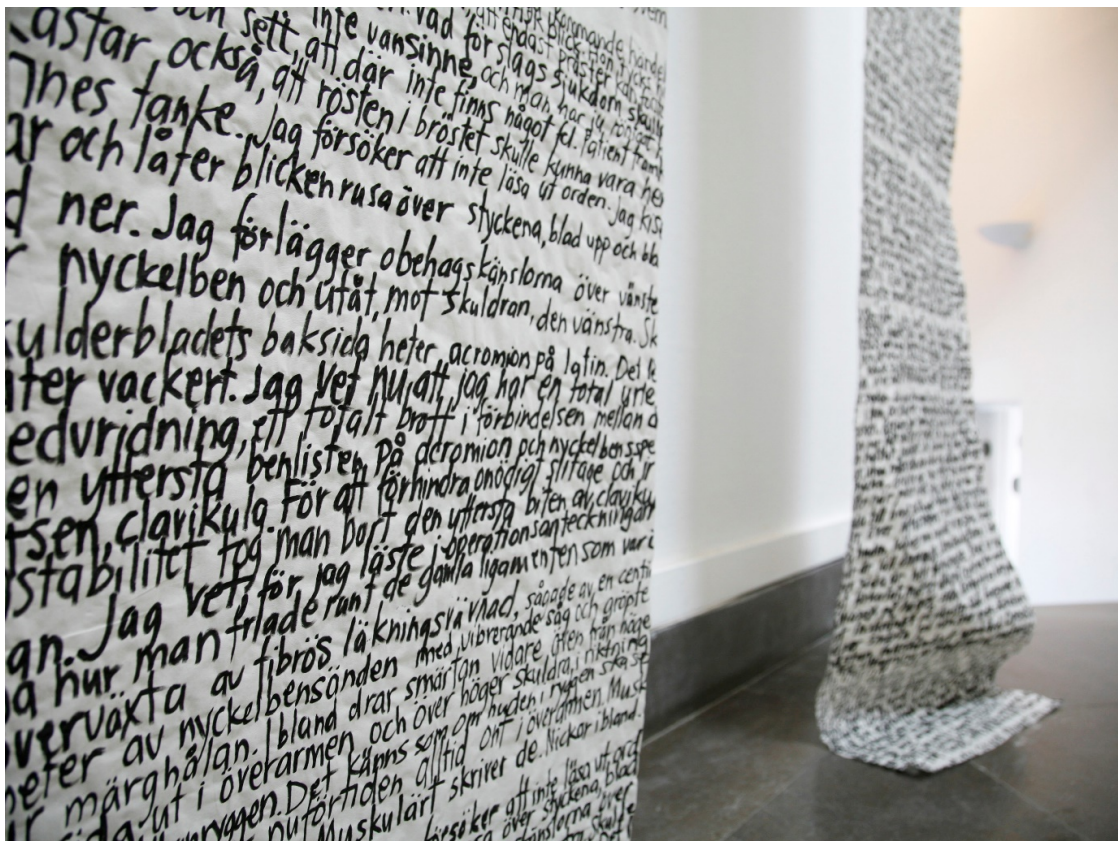
Documenting Bodies (Doing Treatment). Ryhov County Hospital, Jönköping, Sweden. (2010)



Documenting Bodies (Doing Treatment), Gävle County Council Headquarters. (2011-2012)



In my artistic practice leading up to this research, my studies of pain have often stemmed from medical discourses, from which I have attempted to identify inter-embodied pain practices and their affects. I later brought back these adapted gestures and affective practices extracted from medical discourses to incorporate them into spatial installations consisting of various media including drawings, texts, sound, and medical objects. In these previous artworks, I referred to the pain material as 'found affects,' but only in cases where these text fragments were disconnected from their original contexts. In cases where they were not, where the original context was still evident within the artwork, the process of transforming these pain affects into art/art texts was different. This has been the case in all of the works submitted with the present research. While this practice promotes an exploration of the subversive, othering potential of pain, ahead of a critique of the representation of pain in inter-linguistic interactions, it still utilises some of the strategies and mechanisms employed in my pre-doctoral projects. While modes of presentation of the art text in the current research differ from my pre-doctoral projects, with previous works predominantly consisting of writings inscribed directly onto temporary and ephemeral physical structures and materials, such as medical paper (Willenfelt, 2010-2012), there are still methodological affinities between them, especially concerning modes of garnering the artistic raw material. Elaborating upon the differences in counter-scripting and garnering techniques both in the earlier projects and the current one will be useful for illuminating the technical choices made in relation to the form and function of the narratives and their themes. To further elaborate on this continuity in methodology, this report draws examples from my pre-doctoral *Documenting Bodies* series, conducted between 2010 and 2012. Taking these pre-doctoral works as examples helps to delineate a succinct mode of working with circumstantial events and frameworks in the various projects of this research. Moreover, it offers a better understanding of the use of intermediate affect as source and raw material in this research.



Documenting Bodies (Doing Treatment). Valand Academy MFA Degree Show, Konsthallen, Gothenburg. (2010)

In my artistic practice, I often bring in contemporary examples or historical cases (political, cultural, and others) to best effect a critique of contemporary relations. I take either historical events and peripheral life stories, or peripheral events and known biographies, as my starting point. In the present doctoral research, suffrage, sexual politics, and social welfare have been brought in to problematize and provoke discrete cases and their affects. The incorporation of these political and social issues creates different qualities (critical, affirmative, poetic, existential etc.) in the performed work. Unique to my 2010-2012 *Documenting Bodies* series was my engagement with the medical and surgical section of the regional archives of Västra Götaland County, a province that includes the city of Gothenburg. From numerous entries in the extensive Sahlgrenska medical archive, I selected some twenty individual cases. The affecting/affective encounters attributed to these case studies were then scripted for the art text and subsequently inserted as part of the art installation. In contrast to the tripartite art project of this research, and in its capacity as art text, the *Documenting Bodies* work formed a polyphonous, fragmented yet dialogic and hybrid body of voices. I then interwove the excerpts from the selected patient files with fragments of my own medical records and personal witness statements, as well as literary references and excerpts of dialogue taken from medical textbooks and reports.

While all of the works I have produced since 2009 have been polysemic in nature, the degree to which a piece of work's content, purpose, and meaning can be extrapolated and 'made sense of,' hinges on the specific circumstances and cues provided (or not provided) in each work (and in artist statements, seminars, and/or background texts). The circumstantial events and discourses in each work affect the ways in which audience members are able to relate associatively and imaginatively to the work. In a selection process governed only by loosely held, overarching internal criteria of pain and its practices, the material I retrieve from the official archive forms its own archive, stored and added to my own working database, Drop Box and other filing systems.

The varied selection processes and methods I use in garnering artistic material aim to explore and trigger new enunciations of pain. The degree of a project's interpretative open-endedness depends upon how the garnering process is construed and particularly on the

contingency of pain affects. In the *Documenting Bodies* series, I was looking for instances and expressions of obscure feelings of pain, as opposed to more obvious forms of pain pointing to established signs and enunciations of illness. These were the circumstantial criteria I established before I started the work. In the selection process, I turned primarily to documented cases of terminal illness, undiagnosed somatic conditions, and pathologies often labelled as psychological in nature. What all of these cases shared was a sense of uncertainty, evident in notes by the examining doctor, entries that at times were of novella length. In the *Documenting Bodies* project, I wished to garner the inter-embodied affects and gestures implicit in these moments where scientific and discursive language ran dry. Brought into the gallery space, these encounters were Inscribed onto medical hygiene rolls, unfolding in a dialogic and fragmented narrative style, utilising a material that heightened the uncertainty of the phenomenon of pain and the volatility of bodies in pain and those close to bodies in pain: bodies in a 'contingent attachment' with each other (Ahmed, 2002, p. 24).

Another strategy of my *Documenting Bodies* series, which, as I have noted, distinguished that work from the present research, was the way in which I previously chose to deprive the individual illness stories of their circumstantial qualities in the art text. Divested of their contexts (life stories and/or biographical data, information about individuals' social and economic status, etc.), the affective fragments were fused with other sensual elements into hybrid bodies.⁷⁶ This kind of writing the pain of others cast a wider associative net for the audience to relate to, endowing the artworks with an open-ended, suggestive nature. By contrast, I chose to incorporate the historical cases and individual life stories in the current research project. This was made for the purpose of performing another image of thought of pain as a mutual transformation of individual biographies (of the audience and the scripted personas of the three art projects) into an impersonal life of pain. In my pre-doctoral works, I did not intentionally initiate such a process, but rather set the art texts in motion in direct response to the free-floating affective life of pain itself, thereby addressing the ontological nature of pain upon the body (as well as issues such as pain's pure form of time, as elaborated in *Paradigm*, 2010). The back stories or biographies do not serve as logical bases

⁷⁶ The mode of presentation, alluding to a clinical care environment, effected a critical gaze on inter-linguistic communication taking place in this setting, and raised questions about the trust we put in medical diagnostics.

or devices for narrative progress in my pre-doctoral or present works; they are not the means for carrying out a plot, but are intended instead as destinies and incentives for creative affirmations of pain and explorations of what these speculative stories and suggestions could *do* in the contemporary moment, when implemented in a life. While my pre-doctoral projects (2009-2013) were narratively open-ended, the works produced within the scope of the current research were less so without being narratively fixed, moving away from a direct critique of contemporary diagnostic discourse towards an affirmation of ethical practices of pain *in the present*, as they are presented and conveyed in and through each project. In my *Documenting Bodies* series, a deconstructive act conjured up a critique of present-day diagnostic discourse. What started out as a critical response and a deconstructive-restorative project in *Documenting Bodies, Part 1: Doing Treatment* (Willenfelt, May 2010) and *Documenting Bodies, Part 2: Epicrisis* (Willenfelt, November 2010) progressed in the current research project into an onto-epistemological search for a suggestive, suppositious narrative. The intentions of the present body of work were less ambiguous to an audience, while the claims for relocating and reconnecting pain practices performed in the same works carried wider potential in terms of evoking new enunciations, expressions, and attitudes towards the body in chronic pain.

First Man Must Not Fall, 2010





First Man Must Not Fall (2010). Mixed-media installation, presented at the MFA degree show *Surface Matters, Belay Your Partner*, Rotor Gallery, November 2010.

In my text and mixed-media installation *First Man Must Not Fall*, medical documents (case records) were interwoven with parts of a voice-over from the feature film *The Beckoning Silence* (2007) based on a book by the British mountaineer and adventurer Joe Simpson. The story told in *First Man Must Not Fall* is an account of a team of mountaineers that formed in the 1930s, around the same time that patient records came into existence. This team set out to conquer the north face of Mount *Eiger* in Switzerland. Until that point, no attempts to reach the top had been successful. The team's quest, however, failed due to a fatal belaying error: the climbers accidentally forgot to leave a rope across an icy part of the mountain's face. On their way back, they had no means of traversing this part of the mountain. The fragments from the medical notes came from the doctors who examined terminally ill patients at Sahlgrenska Hospital in Gothenburg during this same time-period. Note that the medical cases were not personally related to the story of the German-Austrian team of mountaineers. My installation comprised nine framed texts that together made up the narrative of suffering and inter-personal pain relationships (the text was in Swedish). A climbers' rope was attached to the wall just below the ceiling of the gallery. I aimed for the audience to themselves make the connections between the different elements of the installation, but the hemp rope cast a shadow on the wall which could be interpreted as the

silhouette of a mountain chain. The rope also functioned as a trope for the crucial relationship between the climbers' bodies, a configuration of physical and affecting/affective bodies which in mountaineering terminology is referred to as 'the rope.'



First Man Must Not Fall, 2010, detail. Text about the work, included in the installation.

Translation of the background text (selected excerpts):⁷⁷

In the spring of 1936, four young Alpine mountaineers set out to climb the still unconquered north face of Mount *Eiger* in Switzerland. Team members included [...] Tony Kurz and his fellow climbing friends Andreas Hinterstoisser, Willy Angerer, and Eduard Rainer. [...]

Around the same time, two separate personal dramas took place at Sahlgrenska Hospital in Gothenburg, where a man and a woman died due to complications following a series of surgeries. At their bedsides, doctors had been keeping notes on their progressively

⁷⁷ The paragraphs cited have been amended since the text was first written, and differs slightly from the text that accompanied the 2010 installation.

worsening conditions, commenting on the course of events and on the patients' mental states, including their ability to maintain self-control and sanity during the final moments of their lives.

The motto 'First man must not fall!' springs from the era of classical mountaineering. The phrase embodies a social premise related to the body's physical status. During that time, the use of static Manila hemp ropes for climbing was standard. This material's low degree of dynamism and elasticity meant that the team had to put their trust in the first man belaying the rope (the 'rope' also denoted the common body of the team of climbers). [...]

It took hours, maybe an entire day, before the team made the mutual decision to abandon their summitting attempt and turn back. They had to rescue their friend on the rope who was now hurt. [...] ...Nothing was voiced out loud, but they all noticed that the rope, their shared body, was gradually becoming slow and stiff. [...]

When the avalanche hit, Angerer was not secured. He fell down the mountain and brought the others with him. [...]

Kurz, who survived more than a full day and night on the face of the mountain, hanging freely on the rope in the air, is known for his famous last words 'Ich kann nicht mehr,' supposedly overheard by the rescue team which was only metres away on the mountain without being able to reach him. While these words very well might be a dramatic mountaineering legend, they nevertheless bear witness to an admirable and heroic, almost sublime type of suffering, which in the artwork *First Man Must Not Fall* is presented in stark contrast to the menial labour of dying as seen among the peripheral, anonymous figures documented by medical professionals at Gothenburg's Sahlgrenska Hospital.